

Local Housing Allowance Vulnerability Application Form

The Benefit Service has to make all payments of Housing Benefit under the Local Housing Allowance (LHA) scheme directly to you, but we can make payments directly to your landlord where you have difficulty in managing your affairs. The information you provide in this form will help the Benefit Service decide whether it is appropriate to pay Housing Benefit under the LHA scheme directly to your landlord. You may not need to complete all the questions, as each case is different, but try to give as much information and evidence as possible.

This form can be completed by the Tenant, the Landlord or a third party e.g. family or friend, a carer, an advice or welfare agency, the landlord or letting agency. Please read the Local Housing Allowance Vulnerability Policy before completing this form (available from our office upon request). We will make a decision within 10 working days of gathering all of the available evidence. Payments will continue to be made to the claimant whilst an application is under consideration. Please use extra paper if there is not enough space.

In all cases where we decide to make payments directly to the landlord we will set a date to review the decision and the circumstances of the tenant. We will notify our decision in accordance with legislation, and any person (tenant or landlord) affected by a decision will have a statutory right to ask for more information and ask for a reconsideration of our decision.

The tenant must always sign the form, and be fully aware that it may lead to their benefit being paid directly to the landlord to cover their rent.

Written evidence needs to be provided to support the evidence given in this form. This can be from various sources depending on a person's individual circumstances, e.g. from the tenants' family and/or friends, Landlord, General Practitioner (GP), Probation Officer, Social Worker, Main carer.

Where we decide to pay your landlord, the landlord will receive Housing Benefit payments under the Local Housing Allowance scheme (LHA) up to the amount of the contractual rent. If there is any excess above the contractual rent it will be paid to you.

Benefits Service

Application Form

Please complete in full

Tenant's Name:	
Tenant's Address:	

Name of the person completing the form: (if different from above)	
Contact address: (if different from above)	
Contact telephone number:	
If you are completing this form on behalf of the Tenant, please state your relationship to them and reason for completing the form on their behalf:	

Does the tenant;

Evidence required

a) Have any learning disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>	Letter - Support provider, Doctor, Social Worker. Interview - CAB, Castle Point Benefit Staff
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This category includes people with slight learning difficulties. Those with severe disabilities may have appointees. The way learning disabilities affects people's lives varies greatly. You may find it hard to understand how information fits into a bigger picture. You may experience difficulties with everyday practical skills. You may experience difficulties with social skills like holding a conversation. In some cases like these, it may be appropriate to pay benefit directly to your landlord so that you don't get into rent arrears.

b) Have any physical disabilities or medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>	Letter - Support provider, Doctor, Social Worker. Interview - CAB, Castle Point Benefit Staff
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Physical disabilities vary enormously, and it may only be in a few cases that it affects how a person manages their affairs. For example, a severe impairment in both your sight and hearing may mean you have additional problems with communication, mobility and access to information. You may need to remain close to medical equipment. Similarly, some disabilities/conditions affect your ability to go out or to access public buildings. You may also have physical problems because of your age.

c) Have any mental health problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	Letter - Support provider, Doctor, Social Worker. Interview - CAB, Castle Point Benefit Staff
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Some people coping with mental illness may be less able to manage their financial affairs and may feel that organising rent payments is too much to cope with. You may only require additional help from the Benefit's Service for a short time whilst receiving assistance from other support networks and/or medication. Below are some of the most common forms of mental illness including:

Anxiety	Eating Disorders	Depression
Phobias	Schizophrenia	Alzheimer's
Postnatal Depression	Obsessive Compulsive Disorder	Manic Depression
Dementia	Personality Disorders	Drug Induced Psychosis

d) Have Drug, Gambling or Alcohol addiction? Yes <input type="checkbox"/> No <input type="checkbox"/>	Letter - Support provider, Doctor, Social Worker, Care Worker. Interview with CAB, Castle Point Benefits Staff
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Someone who is experiencing (or has a history of) addiction, for example to alcohol, drugs, or gambling, may find it difficult to prioritise their outgoings. Therefore, it may be more helpful to pay your benefit directly to your landlord.

e) Have literacy problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	Letter - Support provider, Social Worker. Interview - CAB, Castle Point Benefit Staff
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Someone who has difficulty in reading and / or writing. Which would hinder their ability to deal with their paperwork and organise their finances.

f) Have difficulty speaking/understanding English? Yes <input type="checkbox"/> No <input type="checkbox"/>	Letter - Support group, Community group. Interview - CAB, Castle Point Benefit Staff
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The barriers faced by people who are not fluent in English can inhibit their ability to deal with agencies and organisations. This can extend to banks and/or landlords or letting agents when trying to organise rent payments and the receipt of benefits. In some cases it may be in your best interests to have your benefit paid directly to the landlord whilst you receive support and assistance to help you manage your affairs. To help you with understanding diversity issues a Diversity Handbook is available from the Council Offices.

g) Under a Recognised Support Agency? Yes <input type="checkbox"/> No <input type="checkbox"/>	Letter - Support Provider, Social Worker, Care Worker.
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Someone who is working with a recognised support agency, for support with day to day living. May have a previous history of an addiction, going through rehabilitation, or adjusting to independent living.

Please tell us about any recent changes that mean you need additional support, or if you anticipate any in the near future:	
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There may be times where you have experienced, or are about to experience, a change in your life which means you need additional help over a short period of time. This could be in terms of bereavement, a relationship breakdown (possibly violent), coming out of hospital after an operation, going into hospital, or a terminal illness of a close relative.

Tenant's Declaration

- The information given is true and correct
- I believe it to be in my best interest for my Housing Benefit under the Local Housing Allowance scheme to be paid directly to my landlord
- I will contact the Benefit Service should my circumstances change and I feel I am able to receive my benefit directly

I have read and understood the declaration. Please sign below (and partner, if applicable)

You _____ Your Partner _____ Date ____/____/____

Declaration for the person completing the form, if not the tenant

- The information given is true and correct
- I believe it to be in the best interest of the tenant to pay Local Housing Allowance directly to the landlord

I have read and understood the declaration. Please sign below.

Name _____ Signature _____ Date ____/____/____

Please remember to include documentary evidence to support your request

Please use this space for any additional information

To accept direct payments of Housing Benefit please complete the following:

Name and Address of the bank

Postcode

Account Number

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Sort Code

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Full Name (in CAPITAL letters)

Account Name

Your Signature

Date

Office Use Only

Bac's details entered	Signed: _____	Date: _____
PIN No: _____	Signed: _____	Date: _____
Details checked and verified	Signed: _____	Date: _____

How to contact us

If you want to make an enquiry in person or hand in evidence our office is at:

Council Offices, Kiln Road, Benfleet 8:45 am to 5:15 pm Monday to Thursday
8:45 am to 4:45 pm Friday

You can also hand in evidence in person at:

Council Offices, Sydervelt Road, 9.00 am to 1:00 pm
Canvey Island Monday to Friday

If you want to make an enquiry by phone you can contact us on: 01268 882200

8:45 am to 5:15 pm Monday to Thursday
8:45 am to 4:45 pm Friday

If you want to contact us by fax our number is: 01268 882407

If you want to make a written enquiry or post a claim form and/or evidence to us you can write to us at:

Castle Point Borough Council
PO Box 15
Thundersley
Essex SS7 1AY

If you want to make an enquiry by e-mail: benefits@castlepoint.gov.uk