

Local Housing Allowance Safeguard Application Form

The information you provide in this form will help the Benefit Service make a decision whether it is appropriate to pay Housing Benefit under the Local Housing Allowance scheme directly to you as the landlord/ landlord's agent. To help us, please try to give as much information as possible. Written evidence needs to be provided to support the information given in this form.

This form can be completed by the Tenant, the Landlord or a third party. Please read the Local Housing Allowance Safeguard 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.

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:	

Landlord's/Agent's Name:	
Landlord's/Agent's Address:	

1. Are there rent arrears? Yes No
If yes, how much £_____

2. Specifically what period do the arrears cover? ___/___/___ to ___/___/___

(Please provide proof of the arrears, either a rent book or a rent statement)

3. Have any of the following actions been taken to recover the rent? Yes No
(Please tick and send us proof of any action being taken)

Court action	<input type="checkbox"/>	Notice of seeking possession	<input type="checkbox"/>
Notice to quit	<input type="checkbox"/>	A letter	<input type="checkbox"/>

Other (please specify):



If this form is being completed by the Tenant, please complete the following:

A). Are you unable to pay your rent due to financial difficulties, whereby you are unable to open a bank or building society account, or have severe debt problems or are bankrupt?
Yes No (If 'Yes' please provide evidence to support this)

B). Have you left any previous properties with rent arrears? Yes No
If 'Yes' please provide us with the address:

Please remember to include documentary evidence to support your request

Please use this space for any additional information

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 ____/____/____



