STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Application for Direct Payment of Housing Benefit to your Landlord

Under the Local Housing Allowance scheme we will usually pay Housing Benefit to you, the tenant. You must then pay the rent to your landlord yourself.

If you think that getting these payments will cause you serious problems we may be able to pay your Housing Benefit direct to your landlord. We will need to decide if you are having, or are likely to have, problems managing your money and paying your rent.

If you would like us to consider making payment to your landlord please complete this form and return it to us, together with the proof we need. **If no evidence is provided we will not be able to make payments to your landlord.**

This form should be filled in by you, the tenant. It can also be filled in on your behalf by:

- a friend
- relative
- social worker
- care worker
- your landlord

If this form is filled in by somebody else you must still sign the declaration on the back if you can. We will send you our decision as soon as possible.

About you

Surname or family name

Other names

Address

Post code

Phone number

Claim number (if known)

About your landlord

Landlord's Name

Address

Post code

Phone number

If you or your partner are having or are likely to have problems managing your money and paying your rent, please tick all the boxes below that apply to you.

You must send in the proof we listed on the right hand side. Failure to do this will mean we will not be able to make payments to your landlord. Any proof you send must be **original** documents - photocopies are not acceptable.

Reason for paying benefit to your landlord		Proof we need to see
I / my partner has problems managing my / our money because of learning difficulties	☐	Written proof from care workers, your doctor, Social Services
I / my partner has a medical condition or mental health problem which makes it difficult to manage my / our money	☐	Written proof from care workers, your doctor, Social Services, support groups
I / my partner has serious difficulties reading and writing	☐	Written proof from support groups, Social Services
I / my partner has difficulty speaking and understanding English	☐	Written proof from support groups, community organisations
I / my partner am dealing with an addiction to drugs, alcohol or gambling	☐	Written proof from support groups, your doctor, Social Services, charities
I / my partner am escaping from domestic violence	☐	Written proof from support groups, Social Services
I / my partner have recently been released from prison	☐	Written proof from the prison or Probation Service
I / my partner have severe debt problems	☐	Court Orders, CCJ's, proof from debt advisors, solicitors, creditors
I / my partner am an undischarged bankrupt	☐	Copy of the Court Order
I / my partner am unable to open a bank account	☐	Letter from bank or money advisors
I / my partner have a history of rent arrears or homelessness	☐	Proof from support groups, homeless charities, rent books/statements
I / my partner are receiving help from Supporting People, a homeless charity or a voluntary organisation	☐	Proof from the charity or organisation

Tenant's Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can.

- I declare that the information I have given on this form is correct and complete as far as I know and believe.
- I agree that you may ask any of the people or organisations mentioned on this form for any information which is needed to deal with my request.

By filling in and signing this form you authorise us to make payment of your Local Housing Allowance to your landlord.

Your signature		Date	

Declaration of the person filling in the form on behalf of the tenant

If someone other than the claimant has filled in the form, they must sign this declaration.

- I declare that, as far as possible, I have confirmed with the tenant that the information I have written on this form is correct.

Your signature		Date	
Name in full			
Phone number			
Relationship to the tenant			

What to do now

You will need to ask you landlord to complete the enclosed declaration form, which states that they are prepared to accept payments of Housing Benefit on your behalf and asks them for their bank details to receive the payments.

Send the completed forms back to us in the envelope provided or to:

Stockport Council
Benefits Section
PO Box 70
Stockport
SK1 3ZY

If you need help completing this form then please contact us on:

Telephone: 0161 217 6105
E-mail: lha@stockport.gov.uk

Changes in Circumstances

Did you know that if you are receiving Housing Benefit or Council Tax Benefit it is an offence not to tell us about any changes that affects your benefit?

Even if payments are made to your landlord it is still your responsibility to tell us if a change to your circumstances occurs. If you do not tell us about these changes any overpaid benefit money may be recovered from you, the tenant, even if the original payment was made to your landlord.

Some of the things you must tell us about include:

- If you change your address.
- If you, or your partner, go into hospital.
- If the amount of your, or your partner's, income or savings goes up or down including wages, benefits, tax credits or pensions.
- If you, or your partner, start work or change employer.
- If someone comes to live with you or if someone leaves your house.
- If you stop getting child benefit for someone.
- If the income or circumstances of someone living with you changes.

If you are not sure whether you need to tell us about a change you should check with the Benefits Section.

To report a change in your circumstances or for help with your benefit claim please:

Phone: 0161 217 6015 (local call rate)
E-mail: benefits@stockport.gov.uk
Write to us at: Stockport Council
Benefits Section
PO Box 70
Stockport
SK1 3ZY
Or call in to any Stockport Direct Local Centre

Thank you for your help. We do appreciate the efforts you make to keep us informed. As a result, we are able to provide you with an accurate and up to date assessment and payment of your benefits.