

**Tenant – Direct Payment Request (Vulnerable Proforma)**

Request for payments of Housing Benefit to be made to my Landlord, under Local Housing Allowance rules from 7 April 2008.

Name .....

Address .....

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Housing Benefits reference (if known) .....

Email address .....

Landlord's Name .....

Landlord's Address .....

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If this request is being made on your behalf by a representative then please give the following information about your representative:

Representative's Name .....

Address .....

.....

Telephone Number .....

Relationship to you (if any) .....

Why do you think you will not be able to manage your rent? Look at the list below and tick any which apply to you.

- I have a learning disability
- I have a medical condition
- I have mental health problems
- I have an addiction to drugs, alcohol or gambling
- I have trouble reading and writing English
- I have severe debt problems
- I have rent arrears
- I am unable to open a bank account
- I am homeless
- I am bankrupt

Other – Please give details

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Why does this mean that you will be unable to receive rent payments and make arrangements to pay them to your Landlord?

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What do you need to do next?

I need to have evidence to support the statement that you have difficulty managing your money. You may get evidence from any of the following:-

- Family and friends (or any other person that helps you)
- Your Landlord
- Your G.P./Doctor
- A Probation Officer
- Social Services
- Supporting People Team
- Homeless or Housing Advice Officers
- Welfare Organisations (including money advisors)
- Department for Work and Pensions, Job Centre Plus, The Pension Service

Evidence from other people may be accepted if it is relevant.

Declaration

I give permission for the Council to discuss my claim with other individuals, and Organisations, so they can gather information and evidence, to support my request for rent to be paid to my Landlord.

Signed .....

Date .....

If you have a representative:

Representative's signature .....

Representative's name .....

Relationship to claimant .....

Please hand this completed form to a One Stop Shop or send it to the above address.