## Application by Landlords for direct payments of Local Housing Allowance



Ipswich Borough Council's Benefits Service has to make all payments of Local Housing Allowance (LHA) directly to the tenant. However, in some special cases we can decide to pay the landlord instead. This might be where **a tenant** has difficulties managing their own affairs or they are in rent arrears of eight weeks or more.

The information you provide on this form will help the Benefits Service decide whether it is appropriate to pay LHA directly to you the landlord. In some cases it might be necessary to gather further evidence or interview your tenant, or their representative, so we can make a quick decision.

If you feel the above criteria apply to your tenant you can ask us to consider direct payment to you as landlord by completing this form and returning it to:

Revenues and Benefits, Ipswich Borough Council, Grafton House, 15-17 Russell Road, Ipswich, IP1 2DE or you can email it to us at benefits@ipswich.gov.uk.

If you have any questions or would like to discuss your tenants circumstances further please visit Customer Services or ring the Helpline on 01473 432000.

Please note that we cannot guarantee to agree making direct payments to landlords. If your request is agreed, the payment method will be regularly reviewed at agreed intervals, depending on the tenant's circumstances. Both you and your tenant will be advised in writing of the review date.

Landlord's name: Address:		Tenant's name Address:	
Daytime tel:		Daytime tel:	
Current rent arrears? If yes, how much?	Yes [	□ No □ to	
What action have you taken to m	ecover the rent arrears?		
FOR OFFICE USE:	CLAIM REF:	DATE:	

Please use this space to confirm why you want Local Housing Allowance payments made directly to you:

## **Payments**

You are legally obliged to inform us of any changes in your tenant's circumstances that you become aware of, e.g. when your tenant leaves the accommodation, the number of people in the household changes or the rent level changes and so on. This will minimise any overpayments of benefit.

If you agree to accept payment on these conditions, please sign and return this form without delay. Please note we can only pay Landlords/Agents by BACS

Landlord's name			
Customer's name/ac	ldress		
I agree to accept payment of Housing Benefit due for the above tenant and understand:			

- I must tell the Council, in writing, about any change in the tenant's circumstances that I am aware of;
- I must tell the Council, in writing, if the tenant moves out or changes rooms;
- Iunderstand I may have to repay the Council any benefit that I could reasonably be aware the tenant was not entitled to and any benefit relating to any period after the tenant moves out.

Your Bank Account number:	
Your Bank Sort Code:	
Account Name:	
Bank Name:	
Signed:	