

## BENEFIT SERVICES

Southampton City Council  
Civic Centre, Southampton  
SO14 7LY



Direct Dial: 023 8083 3009 (08:30am to 5pm Monday to Friday)  
Email: benefit.services@southampton.gov.uk

### **Request to pay your Housing Benefit direct to your Housing Association, charity, hostel or private landlord**

In order for us to consider paying your landlord direct please complete the forms below. Please note there are sections on this form for you to complete and also sections for your landlord to complete.

#### **Important information for tenants:**

- 1. If your Housing Benefit is paid direct to your landlord and they have been paid too much Housing Benefit for another tenant, we may decide to reduce future payments of benefit on your behalf**
- 2. If we decide to do this your Housing Benefit is protected and your landlord must credit your rent book with the full amount of benefit, and should not ask you to make up the benefit payment. If they do you should contact the Benefit Office immediately.**

Until I tell you otherwise, please pay my landlord all amounts which you would normally pay me under the Housing Benefit scheme.

Your full name

Your benefit reference number

Address you are claiming Housing Benefit for

Postcode

Full name of your landlord or agent

Address of your landlord or agent

Postcode

Once you have asked for direct payments to your landlord, they cannot normally be cancelled without your written agreement. I understand that I must tell you within one calendar month about any changes in my circumstances that may affect my Housing Benefit. I may be prosecuted if I do not tell you about any change of circumstances.

Claimant's signature  Date

**Your landlord must fill in this section.**

**Important information for landlords:**

**If you are overpaid Housing Benefit, we may decide to recover this from any future payments you receive, regardless of whether the payments are for the same tenant. You must not ask the 'blameless tenant' to repay you.**

As a landlord (or agent for the landlord) I agree to accept payments due to the above tenant. I understand the following:

1. I must tell you about any changes in the tenant's circumstances which I know about. I may be prosecuted if I do not do this;
2. I must tell you if the tenant moves out, or changes rooms;
3. I must repay any Housing Benefit which is overpaid to me which the tenant is not entitled to;
4. I agree that you can claim back overpayment from any future benefit you should pay to me.
5. You can stop paying benefit to me if I do not tell you about any change of circumstances which I know about.
6. I can be prosecuted if I accept Housing Benefit which I know I am not entitled to.

How do you want us to pay your tenant's benefit to you?

By BACS  By crossed cheque

We can pay your tenant's benefit by a direct credit to your bank account (BACS). If you want us to pay it in this way, please give details below. If you want, you can confirm the details in a separate letter.

Name of your bank or building society

Branch

Account name

Account number  Sort Code

Landlord or agents signature  Date

Creditor reference if known

Please provide us with your email address as this will enable us to send payment schedules to you electronically.

Email address

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### **Local Housing Allowance - Direct Payment Decision Form**

**Please note:** You only need to complete this form if you rent from a private landlord and you want them paid directly.

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

If you think that getting Local Housing Allowance payments will cause you serious problems, we may be able to pay your LHA 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.

This form can 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 on your behalf, you must still sign the **Declaration**. We will send you our decision as soon as we can.

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#### **About the tenant**

Surname or family name

Other names

Address

Postcode

Phone number

Switchboard 023 8083 3000, Fax 023 8083 4426  
DX 115710 SOUTHAMPTON 17

Benefit Services are part of the Transaction Services Division of the Corporate Services Directorate.

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**About the landlord**

Landlords name

Address

Postcode

Phone number

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

We will need to see the proof we ask for.

**Reason for paying LHA to the 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

I/my partner has serious difficulties reading and writing

Written proof from support groups

I/my partner has difficulty speaking and understanding English

Written proof from support groups

I/my partner am dealing with an addiction to gambling

Written proof from support groups, your doctor, Social Services, hospital

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 un-discharged

Copy of the Court Order

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DX 115710 SOUTHAMPTON 17

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bankrupt

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

Other reason - please tell us about it below

*Please continue on a separate sheet of paper if you need more space.*

### 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

Your partner's signature  Date

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

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

**Privacy statement**

Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided.

In performing this service, the Council may be required to share your information with other organisations or departments, but it will only do so when it is necessary in order for the service to be provided.

The Council may also share your personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share your personal information, or use it for this, or any other purpose, unless provided for by law.

More detailed information about the Council's handling of your personal data can be found in its privacy policy, available online (<http://www.southampton.gov.uk/privacy>), or on request.