

Application for Direct Payment to Landlord

Claimants name

Claimants address
(inc
postcode)

Landlords name

Landlords address
(inc
postcode)

Reason for request of Direct Payment to Landlord

Claim number

Application made by

Claimant

Landlord

Agency

Other (please specify below)

Applicants name

Relationship to claimant

Reasons for Request for Direct Payment to Landlord

Please tick the check box and ensure the evidence is provided with this form

Learning Disability

Written evidence from Care Worker, GP, Social Services, DWP etc

Medical Condition i.e. dementia, terminal illness

Written evidence from Care Workers, GP, Social Services, hospital etc

Illiteracy or an "Inability to speak English"

Written evidence from Support Organisations

Addiction to drugs, alcohol, gambling

Written evidence from Support Organisations, GP, Social Services, hospital, care workers etc

Fleeing domestic violence/single homeless (care leaver), leaving prison

Written evidence from Support Organisations, probationary service, social services

Severe debt problems - recent CCJs

Evidence from help groups, creditors, court orders, solicitors etc

Undischarged bankruptcy

Copy of Court Order

Inability to open bank account

Letters from bank or money advisors

Is in receipt of help from homeless charity

Evidence from charity

Evidence of Rent or Top Up Arrears - 8 weeks

Rent Records and letters proving attempts to collect monies

Evidence of missed payments 2 consecutive payments

Rent Records and letters proving attempts to collect monies

Security of tenure

Written evidence from landlord, Housing Options, support organisations



The personal information you supply on this form will be used for the processing of Housing Benefit and Council Tax Support and will be used in accordance with the Data Protection Act 1998. For more information go to www.eastherts.gov.uk/dataprotection or contact the Council's Information Management team by email on foi@eastherts.gov.uk or by telephone on 01279 655261.



I declare that the above information is correct

Signature

Date

Please complete, print and return this form as soon as possible to:
The Benefits Service, Council Offices, Wallfields, Pegs Lane, Hertford SG13 8EQ
Alternatively click the send button below. This will open your email application and
attach as a new message.

Independent Advice is available from your local Citizens Advice Bureaux

Bishop's Stortford

74 South Street
Bishop's Stortford
CM23 3AZ

Buntingford

Manor House
High Street
Buntingford
SG9 9AB

Hertford

Council Offices
Wallfields
Pegs Lane
Hertford
SG13 8EQ

Sawbridgeworth

Town Council Offices
Sayesbury Manor
Bell Street
CM21 9AN

Ware Outreach

20 Tudor Square
West Street
Ware SG12 9XF

Stevenage

Swingate House
Danestrete
Stevenage
SG1 1AF

Hertfordshire telephone advice line

03444 111 444

10am-4pm Monday - Friday

www.ehcas.org.uk

Information

If you would like a translation of this document
in another language, large print, Braille, audio,
or electronic, please contact us:

For East Herts Council

01279 655261

Charrington House

Bishop's Stortford CM23 2EN Mon - Fri 8:30am - 5pm

Council Offices, Wallfields, Tues 8:30am - 4pm

Pegs Lane, Hertford SG13 8EQ Weds 8:30am - 12:30pm

For Stevenage Borough Council

01438 242440

Customer Services Centre,
Daneshill House, Stevenage,
Herts SG1 1HN

Mon - Fri 8:30am - 5:30pm

Email: benefits@hertspartnership-ala.gov.uk

Fax: 01992 531442

www.eastherts.gov.uk www.stevenage.gov.uk

We will provide signers, lipspeakers and deaf blind
interpreters by appointment.

(We need to see original documents. If you visit our
office we will verify and copy your documents for you)

OFFICE USE ONLY

Direct payment

Payment to claimant

Reason for decision

Officer

Date

Review date