

Application for Direct Payment to Landlord

Claimants name:.....

Claimants address:.....
.....

Landlords name:.....

Landlords address:.....
.....

Claim no:

Reason for request of Direct Payment to Landlord:

(Please complete check list on reverse of form)

Application made by..... /

Claimant/Landlord/Agency/Other
Please specify.

Applicants name:.....

Relationship to claimer:.....

Signature of applicant:.....

Date:.....

Reason for Request for Direct Payment to Landlord

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

<input type="checkbox"/> Learning Disability	Written Evidence from Care Workers, GP Social Services, DWP, etc.
<input type="checkbox"/> Medical Condition i.e. dementia, terminal illness	Written Evidence from Care Workers, GP, Social Services, hospital, etc
<input type="checkbox"/> Illiteracy or an 'Inability to speak English	Written evidence from Support Organisations,
<input type="checkbox"/> Addiction to drugs, alcohol, gambling	Written evidence from Support Organisations, GP, Social Services, hospital, care workers, etc.
<input type="checkbox"/> Fleeing domestic violence/single homeless(care leaver), leaving prison	Written evidence from support, Organisations probationary service, social services
<input type="checkbox"/> Severe debt problems - recent CCJ'S	Evidence from help groups, creditors, court orders, solicitors, etc.
<input type="checkbox"/> Undischarged bankruptcy	Copy of Court Order
<input type="checkbox"/> Inability to open a bank account.	Letters from banks or money advisors.
<input type="checkbox"/> Is in receipt of help from homeless charity	Evidence from charity
<input type="checkbox"/> Evidence of Rent or Top Up Arrears - 8 Weeks	Rent Records and letters proving attempts to collect monies
<input type="checkbox"/> Evidence of missed payments - 2 consecutive payments	Rent Records and letters proving attempts to collect monies

OFFICE USE ONLY

Direct payment Payment to claimant

Reason for decision:

Officer:..... Date:..... Review date:.....