

LHA – Landlord request for direct payment due to rent arrears

Under the LHA scheme, benefit payments are normally made to the tenant.

It will be the tenant’s responsibility to make payment of their rent to their landlord. If a tenant is 8 weeks or more in arrears with their rent, Regulation 95 of the Housing Benefit Regulations 2006 allows for payment of LHA to be made direct to the landlord. Please complete this form and return it to us, together with the evidence we need. We will send you our decision as soon as possible. Please note that if you cannot provide evidence, there may be a delay before a decision is made.

## Tenant Details

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone number |  |
| Claim Ref number: (If known) |  |

## Landlord Details

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone number |  |

## Rent Arrears

|  |  |
| --- | --- |
| (A) Amount of rent charged £ | Week / 4 Weekly / Calendar Month (Please indicate) |
| (B) Total amount of arrears £ | From …………………… To ……………………… |

**You will need to provide evidence that the tenant is in rent arrears**. This should be a rent account statement, which shows the rent that is due and the rent that has been paid during the last 12 months, or since the tenancy started. The evidence you provide **must** prove the total amount of rent arrears outstanding.

Other types of evidence can be provided as detailed below, however we must see original documents not copies.

**Please tick all the boxes that apply to tell us what evidence you are sending with this form**.

|  |  |  |  |
| --- | --- | --- | --- |
| Rent Account Statement |  | Bank statements (confirming transactions for rent payments.) |  |
| Rent Book |  | Eviction Notice (due to rent arrears) |  |
| Rent Receipts (details of amounts and dates paid) |  | Court Documents (confirming rent arrears) |  |

|  |
| --- |
| Please use this space to tell us any other information you would like us to consider. Please continue on a separate sheet of paper if you need more space. |
|  |

**I declare** that the information given in this form is correct and **I authorise** you to make enquiries to check any of the information or evidence I have provided.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

**Please return to:**

**Ashfield District Council, PO Box 5752, Kirkby in Ashfield, Nottingham. NG17 8QW.**

## For office use only:

|  |
| --- |
| Amount (£) at (B) …………………divided by = …………………….(No of weeks in arrears)Amount (£) at (A) ………………… |

|  |  |
| --- | --- |
| Date of decision: |  |
| Decision maker: |  |
| Payment to Landlord: | Yes / No |
| Date review decision: |  |