

**NORTH NORFOLK DISTRICT COUNCIL**  
HOLT ROAD CROMER NORFOLK NR27 9EN  
Telephone 01263 516349  
Fax 01263 516106  
www.northnorfolk.org



Your name & address:

### **Housing Benefit Payments**

Claimants that are subject to Local Housing Allowance are not as a general rule able to opt to have their benefit paid directly to their landlord. However there are some circumstances where the authority can consider making direct payments if it is deemed to be in the overriding interests of the claimant to do so.

In addition to this there are also safeguards in place with a view to protecting landlords and to stop claimants who cannot manage their rent payments from falling into arrears.

If you think that by having direct payments to you will cause you serious problems, please complete this form and return it to us.

Yours Sincerely,

Karen Sly  
Head of Finance  
Tel (01263) 516349  
Between: 8.30am – 5.00pm Monday, Tuesday, and Thursday  
10.00am – 5.00pm Wednesday and 8.30am – 4.30pm Friday  
Email: [benefits@north-norfolk.gov.uk](mailto:benefits@north-norfolk.gov.uk)



# Payment to Landlord Request Form

(For completion by the tenant)

Your name:

Your address:

Claim ref:

**Please tick the box or boxes that apply to you and provide the evidence required.**

Reason direct payment is a problem	Evidence required
<input type="checkbox"/> I have learning disabilities that Make it difficult to manage my Finances.	Written evidence from Care Workers, your GP, Social Services, etc.
<input type="checkbox"/> I have a medical condition or mental health problem which makes it difficult to manage my finances.	Written evidence from Care Workers, your GP, Social Services, etc.
<input type="checkbox"/> I have serious difficulties with reading and writing.	Written evidence from Support Organisations.
<input type="checkbox"/> I do not speak English.	Written evidence from Support Organisations.
<input type="checkbox"/> I am dealing with addiction to drugs, alcohol or gambling.	Written evidence from Support Organisations, your GP, Social Services, Care Workers, Hospital, etc.
<input type="checkbox"/> I am fleeing domestic violence.	Written evidence from Support Organisations, Social Services, etc.
<input type="checkbox"/> I have recently been released from Prison.	Written evidence from the Prison or the Probation Service.
<input type="checkbox"/> I have severe debt problems.	Court Orders, CCJs, evidence from Help Groups, Solicitors, creditors, debt advisers, etc.
<input type="checkbox"/> I am an undischarged bankrupt.	Copy of Court Order.
<input type="checkbox"/> I am unable to open a bank account.	Letters from banks or money advisers.

<input type="checkbox"/> I have a history of homelessness.	Evidence from Support Organisations, Homeless Charity, etc.
<input type="checkbox"/> None of the problems above apply to me, but direct payments will be difficult for me because: _____ _____ _____	
<p><b>Please use this space to tell us anything else you would like us to consider</b></p> _____ _____ _____	

**Contact telephone number**

**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 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**

**If this form has been completed by someone other than the tenant, they must complete the declaration below.**

**I declare** that, as far as possible, I have confirmed with the tenant that the information I have written on this form is correct.

**Name of the person who filled in the form**

**Relationship to the tenant**

**Signature**

**Date**