Housing Benefit Direct Payment Form

Braintree District Council

About this form

From 7 April 2008 new rules change the way we pay your Housing Benefit so that we will usually pay you and not your landlord or 3rd Party. This will affect people:

- making new claims; or
- who are already being paid Housing Benefit and move home; or
- when the rent level set by the Rent Service is due to be revised.

If you have difficulty managing money, we may be able to pay your landlord/3rd Party instead of you. If so, please fill in this form or ask some one else to do it for you. Give as much information as possible. This will help us decide whether we should pay your landlord/3rd Party. Other people who may want to help you with this form are:

- a member of your family or one of your friends;
- your main carer;
- someone from an advice agency or welfare organisation;
- your landlord or a letting agent
- someone else who works for the council.

Things to remember

Provide written evidence to support the information in the form such as confirmation letters from people you know, or other people or organisations helping you.

Please make sure you:

- sign this form even if someone else fills it in. This is to show you know your Housing Benefit could be paid to your landlord/3rd Party.
- Use **black ink** to fill in this form (do not use pencil).
- Use a separate sheet of paper if you want to give us more information and attach it to this form.

If you need help filling in this form, call to see us at one of the addresses on the top of this form.. Or phone us on 01376 557852 or 01376 552525 ext 8407. You can also e-mail at benefits@braintree.gov.uk

About you and where you live

Your full name

Your address

Your phone number
We may be able to make a decision faster if we can phone you.

Your E-mail address
It may also help us to decide faster if we can email you.

About you

Please tick against any of the following statements that describe your situation.

I have a physical disability.	☐	I have severe debt problems.	☐
I have a serious illness.	☐	I am an un-discharged bankrupt.	☐
I have a mental health problem.	☐	I am unable to open a bank account.	☐
I have learning difficulties.	☐	I am addicted to alcohol or drugs or gambling.	☐
I find English difficult to understand.	☐	I am fleeing domestic violence.	☐
I am unable to read or write	☐	I get support from social services.	☐
I have a learning disability.	☐	I am having deductions made from my social security to pay off arrears.	☐
I owe eight weeks or more rent arrears.	☐		

Please describe any other circumstances you want us to know about.

Please let us know why you feel your Housing Benefit should be paid to your landlord.

Please continue your information on another sheet of paper if necessary and attach to this form.

Declaration

Please read this declaration carefully. Please sign and date it.

- The information on this form is true and complete.
- I want my Housing benefit to be paid to my landlord/3rd Party.
- I will let the council know when I feel my Housing Benefit should be paid to me.
- I understand any decision to pay my landlord/3rd Party will be reviewed from time to time.

Your signature _____   Date [/   /   ]

Did someone else fill in this form?   Yes ☐   No ☐

This section must be filled in if someone else has filled in this form for you. This includes anyone such as an agent, an appointee, a relative or a friend.

Name of the person who filled in this form. _____

What is their relationship to you? _____

Their signature _____   Their address _____

Their phone number _____

Please tell us why you are filling in this form for someone else.