|  |  |
| --- | --- |
| Claim Reference Number: |  |

PART A - I wish to have my local housing allowance payments paid in to my / or my partner’s bank account

|  |  |
| --- | --- |
| Full name of the account holder |  |

|  |  |
| --- | --- |
| T Type of account, e.g. current/deposit) |  |

|  |  |
| --- | --- |
| Name and address of bank/building society |  |

**- -**

Sort Code: Account number:

|  |  |
| --- | --- |
| Roll number: (for building society accounts only) |  |

|  |  |
| --- | --- |
| Contact Telephone Number |  |

|  |  |
| --- | --- |
| Signature: |  |

PART B – I am unable to open up a bank account and wish to have my future local housing allowance payments paid direct to my landlord/agent.

Please pay my future local housing allowance payments direct to my landlord

|  |  |
| --- | --- |
| Name and address  of landlord/agent |  |

|  |  |
| --- | --- |
| Claimant’s signature |  |

|  |  |
| --- | --- |
| Landlords telephone number |  |

### 

|  |  |
| --- | --- |
| Claim Reference Number: |  |

**PART C- Request to have payments paid into a third party account (Claimant to complete)**

###### I am unable to open a bank account and I do not want payment to be made to my landlord.

###### Please consider paying my Local Housing Allowance into the third party account below. (The third party will need to complete PART D of this form)

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |
| --- | --- |
| Relationship to you |  |

|  |  |
| --- | --- |
| Full name on bank account |  |

|  |  |
| --- | --- |
| Type of account (e.g. current/deposit) |  |

|  |  |
| --- | --- |
| Name and address of bank/building society |  |

**- -**

Sort Code: Account number:

|  |  |
| --- | --- |
| Roll number: (for building society accounts only) |  |

|  |  |
| --- | --- |
| Contact Telephone Number |  |

|  |  |
| --- | --- |
| Declaration for claimant | I understand that even though my payments for Housing Benefit (Local Housing Allowance) are being paid into a third party account, I am still responsible for:   * Reporting all changes in my circumstances to the housing benefit office as soon as they occur * Repaying any overpayment which may occur * Arranging to collect my payment from the third party person and to pay my landlord my rent. * I understand that the council will not accept any responsibility nor be involved in any dispute between claimant and third party regarding payments. |

|  |  |
| --- | --- |
| Claimants signature, I have read and fully understand the conditions shown in the above declaration: |  |

PART D- Third party person accepting Housing Benefit (Local Housing Allowance) payments

I confirm that I Mr/ Mrs/ Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am willing to accept payment of Housing Benefit (Local Housing Allowance payments) for

|  |  |
| --- | --- |
| Claimants name |  |

|  |  |
| --- | --- |
| Claimants address |  |

I confirm that I will ensure this payment is given to Mr/Mrs/Miss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ every two weeks

so their rental payments can be made on time to their landlord.

I also understand that Mr/Mrs/Miss --------------------------------- is still responsible for:

* Reporting all changes in their circumstances to the housing benefit office as soon as they occur
* Repaying any overpayment which may occur
* Arranging to collect their payment from me and I will ensure this payment is given to them
* I understand that the council will not accept any responsibility nor be involved in any dispute between claimant and third party regarding payments.

|  |  |
| --- | --- |
| Third party person’s signature, I have  read and fully understand the conditions  shown in the above declaration. |  |