



## Third party request for payment of Local Housing Allowance to the landlord

### Reason for request

- The claimant has difficulty managing their finances.
- The claimant is unlikely to pay their rent.

### Claimant's details

Name

Address   
  
Postcode

Phone number

Benefits number (if you know it)

### Landlord's details

Name

Address   
  
Postcode

Phone number

### Details of request

Please explain why you think we should pay Housing Benefit (Local Housing Allowance) to the landlord, instead of to the claimant.



# Third party request for payment of Local Housing Allowance to the landlord

continued

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Please provide any evidence that supports your request. If you can't provide evidence there may be a delay before we make a decision.

Please show the evidence you are providing by ticking all the boxes that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Claimant's statement                            | <input type="checkbox"/> Other .....(say what it is) |
| <input type="checkbox"/> Letter from support worker                      | <input type="checkbox"/> Other .....(say what it is) |
| <input type="checkbox"/> Letter from GP or hospital                      | <input type="checkbox"/> Other .....(say what it is) |
| <input type="checkbox"/> Letter from solicitor or citizens advice bureau | <input type="checkbox"/> Other .....(say what it is) |

### Declaration

I declare the information given on this form is correct.

Your signature

Your name  
(please print)

Your relationship to the claimant, for example, advice worker, son or landlord

Claimant's signature



**MANCHESTER**  
CITY COUNCIL

## **Third party request for payment of Local Housing Allowance to the landlord**

Date

**Please send this form and evidence to:**

The Revenues and Benefits Unit, PO Box 3, Manchester, M15 5BA.