

Payment to Landlord Request Form

(For completion by the landlord or someone helping the tenant)

Your name:

Your address:

.....

Your relationship to the tenant, e.g. landlord, relative, friend, social worker, care worker, etc.....

Tenant's name:.....

Tenant's address:

.....

Claim ref (if known):

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

Reason direct payment is a problem	Evidence required
<input type="checkbox"/> The tenant has learning disabilities which make it difficult for them to manage their finances.	Written evidence from Social Worker, Support Worker, GP, etc.
<input type="checkbox"/> The tenant has a medical condition or mental health problem which makes it difficult for them to manage their finances.	Written evidence from Social Worker, Support Worker, GP, etc.
<input type="checkbox"/> The tenant has serious difficulties with reading and writing.	Written evidence from Support Organisations.
<input type="checkbox"/> The tenant does not speak English.	Written evidence from Support Organisations.
<input type="checkbox"/> The tenant is dealing with addiction to drugs, alcohol or gambling.	Written evidence from Support Organisations, GP, Social Services, Care Workers, Hospital, etc.
<input type="checkbox"/> The tenant has recently been released from Prison.	Written evidence from the Prison or the Probation Service.
<input type="checkbox"/> The tenant has severe debt problems.	Court Orders, CCJs, evidence from Help Groups, Solicitors, creditors, debt advisers, etc.

<input type="checkbox"/> The tenant is an undischarged bankrupt.	Copy of Court Order.
<input type="checkbox"/> The tenant is unable to open a bank account.	Letters from banks or money advisers.
<input type="checkbox"/> The tenant has a history of homelessness.	Evidence from Support Organisations, Homeless Charity, etc.
<input type="checkbox"/> The tenant has a history of non-payment of rent.	Rent records and letters proving attempts to collect monies or evidence from a previous landlord.
<input type="checkbox"/> The tenant is more than 8 weeks in arrears with their rent.	Rent records and letters proving attempts to collect monies.
<input type="checkbox"/> None of the circumstances above apply, but direct payments will cause problems because: <hr/> <hr/> <hr/> <hr/>	

Contact telephone number

Declaration

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.

I understand that you may need to contact the tenant and that you will need to tell them about the information I have given you.

Signature

Date

North Norfolk District Council (The Council) has a responsibility to manage and store your personal data safely, securely and in compliance with Data Protection Legislation. If you wish to know more about how the Council processes and stores your data, as well as your rights under Data Protection Legislation, please visit our website at the following address:

www.north-norfolk.gov.uk/info/website/privacy-notice/

To read the Council's Data Protection Policy please visit the following address:

<https://www.north-norfolk.gov.uk/tasks/transparency-data/view-data-protection-policy/>

If you are unhappy about how or why the Council holds or is using your personal data, you should contact us in the first instance. Details of how to contact us, as well as the details of the Information Commissioner, can be found at the end our Data Protection Policy