

Claim Reference Number		National Insurance Number	
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Telephone: 0115 718 4444
 Email: benefits.housing@nottinghamcity.gov.uk

Nottingham City Council
 Admail 4270
 Nottingham
 NG1 9YZ

Local Housing Allowance – 8 week in Arrears Form

Under the LHA scheme, benefit payments are normally made to the tenant.

It will be the tenant's responsibility to make payment of their rent to their landlord. If a tenant is 8 weeks or more in arrears with their rent, Regulation 95 of the Housing Benefit Regulations 2006 allows for payment of LHA to be made direct to the landlord. Please complete this form and return it to us, together with the evidence we need. We will send you our decision as soon as possible. Please note that if you cannot provide evidence, there may be a delay before a decision is made.

Tenant Details

Name	
Address	
Telephone No.	Claim Ref No. (if known)

Landlord Details

Name
Address
Telephone No.

Rent Arrears

Amount of rent charged £ _____	Week / 4 weekly / Calendar Month (Please indicate)
Total amount of arrears £ _____	From _____ To _____

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You will need to provide evidence that the tenant is in rent arrears. This should be a rent account statement, which shows the rent that is due and the rent that has been paid during the last 12 months or since the tenancy started. The evidence you provide must prove the total amount of rent arrears outstanding.

Other types of evidence can be provided as detailed below, however we must see original documents not copies.

Please tick all the boxes that apply to tell us what evidence you are sending with this form.

Rent Account Statement	<input type="checkbox"/>	Bank Statements (confirming transactions for rent payments)	<input type="checkbox"/>
Rent Book	<input type="checkbox"/>	Eviction Notice (due to rent arrears)	<input type="checkbox"/>
Rent Receipts (details of amounts & dates paid)	<input type="checkbox"/>	Court Documents (confirming rent arrears)	<input type="checkbox"/>

Landlords Bank / Building Society Account Details

Name of Account Holder	
Account Number	
Sort Code	

Name and Address of Bank or Building Society
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<p>Please use this space to tell us any other information you would like us to consider. Please continue on a separate sheet of paper if you need more space.</p>
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I declare that the information 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:
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