



LOCAL HOUSING ALLOWANCE VULNERABILITY AUTHORISATION FORM

Name:	
Address:	
Contact Telephone Number:	
Claim Reference Number:	

I am unable to make my own rent payments and would like my Landlord paid direct because:

I am a vulnerable person

Please tell me the reason why:

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I am in arrears with my rent

Please provide details of the level of arrears and the date(s) the rent was due:

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Please list any evidence you have supplied:

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Please provide the contact details of any person who can support your request

CONTACT 1

Name:		
Relationship to you:		
Address:	Telephone No:	

CONTACT 2

Name:		
Relationship to you:		
Address:	Telephone No:	

Authorisation

I give permission for the Benefits Department to contact the people listed for information to support my request to have my Local Housing Allowance paid direct to my Landlord.

I have provided the names and contact details of contacts (insert number)

Your signature:	Date:
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If you are someone other than the person claiming Local Housing Allowance and have filled in this form, please tell us why you have done so.

Name of the person who filled in this form:	
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Signature of the person:	
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Relationship to the person claiming:	
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Date:	
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Reason for completing form on behalf of person claiming benefit	
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This document can be made available in large print, Braille, tape format or in other languages upon request