

Payment to Landlord Request Form

(For completion by the tenant)

Your name:

Your address:

Claim ref:

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

Reason direct payment is a problem	Evidence required
<input type="checkbox"/> I have learning disabilities that Make it difficult to manage my Finances.	Written evidence from Care Workers, your GP, Social Services, etc.
<input type="checkbox"/> I have a medical condition or mental health problem which makes it difficult to manage my finances.	Written evidence from Care Workers, your GP, Social Services, etc.
<input type="checkbox"/> I have serious difficulties with reading and writing.	Written evidence from Support Organisations.
<input type="checkbox"/> I do not speak English.	Written evidence from Support Organisations.
<input type="checkbox"/> I am dealing with addiction to drugs, alcohol or gambling.	Written evidence from Support Organisations, your GP, Social Services, Care Workers, Hospital, etc.
<input type="checkbox"/> I am fleeing domestic violence.	Written evidence from Support Organisations, Social Services, etc.
<input type="checkbox"/> I have recently been released from Prison.	Written evidence from the Prison or the Probation Service.
<input type="checkbox"/> I have severe debt problems.	Court Orders, CCJs, evidence from Help Groups, Solicitors, creditors, debt advisers, etc.
<input type="checkbox"/> I am an undischarged bankrupt.	Copy of Court Order.
<input type="checkbox"/> I am unable to open a bank account.	Letters from banks or money advisers.
<input type="checkbox"/> I have a history of homelessness.	Evidence from Support Organisations, Homeless Charity, etc.
<input type="checkbox"/> None of the problems above apply to me, but direct payments will be difficult for me because:	

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Please use this space to tell us anything else you would like us to consider <hr/> <hr/> <hr/>

Contact telephone number

Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can.

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.

Signature

Date

If this form has been completed by someone other than the tenant, they must complete the declaration below.

I declare that, as far as possible, I have confirmed with the tenant that the information I have written on this form is correct.

Name of the person who filled in the form

Relationship to the tenant

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.