

SAFEGUARD APPLICATION FORM

(Application for payment of Local Housing Allowance direct to your landlord)

We may be able to pay your LHA direct to your landlord if you are likely to have problems managing your financial affairs. Please complete this form if any of the circumstances below apply to you

Surname	<input style="width: 100%;" type="text"/>
First name	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 20%; border: none;" type="text"/> Postcode <input style="width: 20%; border: none;" type="text"/>
Claim reference number	<input style="width: 100%;" type="text"/>

Please tick (✓) the relevant box and supply written evidence with this form. Suggestions for acceptable evidence are shown on the next page

<p>Do you have:</p> <p>A medical condition <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>A learning disability <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>An addiction to drugs, gambling, alcohol etc <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>Current rent arrears <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>A history of debt problems <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>Deductions made from other benefits to pay rent arrears <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>Do you:</p> <p>Need extra support for a while <input style="width: 40px; height: 20px;" type="checkbox"/></p>	<p>Are you:</p> <p>Fleeing domestic violence <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>A care leaver <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>Unable to open a bank account <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>Fleeing domestic violence <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>Leaving prison <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>An undischarged bankrupt <input style="width: 40px; height: 20px;" type="checkbox"/></p>
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Please use the box below to give us any other information in support of your request or attach an additional sheet if required.

Name

Signature

Date

If this form was completed by someone other than the claimant, please state your relationship to them and the reasons for completing the form on their behalf

Please remember to attach evidence in support of your request. Some suggestions for acceptable written evidence are given below

Your circumstances	Acceptable evidence
medical condition affecting your mental or physical health	A letter from GP or social services or care worker or hospital etc
learning disability	A letter from GP or social services or care worker or DWP etc.
addiction to drugs, gambling, alcohol etc	A letter from support group or GP or hospital or care worker or social services or probation service etc.
Current rent arrears	Copies of rent records or letters proving attempts to collect monies
Deductions from other benefits to pay rent arrears	A letter from support group or court orders or county court judgements (CCJs)
History of debt problems	A letter from support group or copies of court orders or CCJs
Fleeing domestic violence	A letter from support groups, social services, women's refuge
Care leaver	A letter from social services
Leaving prison	A letter from probation service or support group
Unable to open a bank account	A letter from bank or money advisors
An undischarged bankrupt	Copy of court order
Unable to speak English	A letter from support group or family & friends
Unable to read and/or write English	A letter from support group or family & friends
Need extra support for a while	A letter from support group or family & friends