| Date: | |
|-----------------|---------------------------|
| Our Reference: | 500 |
| Contact Number: | 01395 571770 |
| Email: | benefits@eastdevon.gov.uk |



Knowle Sidmouth EX10 8HL Tel: 01395 517446 www.eastdevon.gov.uk

Request to pay your Housing Benefit direct to your landlord.

In some cases we can pay your Housing Benefit direct to your landlord.

- If your landlord is East Devon District Council this will be done automatically and we cannot pay you directly.
- If your landlord is a Housing Association you can choose who to make the payment to.
- If your landlord is a private landlord we can only pay direct to your landlord in certain circumstances.

Please complete this form if you want us to consider paying your landlord.

- If your landlord is a Housing Association you do not need to ask them to complete section B of this form.
- If your landlord is a private landlord you must get them to complete section B.

Please return this form to East Devon District Council, Benefits Team, Council Offices, Knowle, Sidmouth EX10 8HL

Full name: Telephone number: Full Address: Name of landlord or agent: Address of landlord or agent:

| The reason(s) I would like my Housing Benefit paid directly to my landlord/agent is/are: | | | | | | | | | |
|--|--|--------------|-----------|------------|------------|------------|-------------|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Section 2: Your o | declaration | | | | | | | | |
| I understand that I m | uct tall the Ronofi | to Toom : | about an | v change | oc in my o | siroumete | uncoc that | | |
| may affect my entitle | | | ' | , , | • | | | | |
| Your Signature: | | | | Date:// | | | | | |
| | | | | | | | | | |
| Section 3: To be | e completed b | y your l | andlor | d or ag | ent. | | | | |
| As a landlord (or ago above. | ent for the landlor | d) I agree | to accep | ot payme | nts due to | o the ten | ant names | | |
| I understand the following | lowing: | | | | | | | | |
| I must tell the know about. | e Benefits Team a | about any | changes | s in my te | enant's ci | rcumstar | nces that I | | |
| I must tell yo | u if my tenant mo | ves out o | r change | s rooms | | | | | |
| I must repay entitled to. | any Housing Ben | efit that is | s overpa | id to me | which the | e tenant i | s not | | |
| • | ou can claim bacl ne for any of my te | | | - | | • | | | |
| Full Name: | | | | | | | | | |
| Landlord or agent s | ignature: | | | | Date: | | | | |
| Please give your ba into this account. | nk account details | s below fo | or any pa | yments to | o be mad | e by BA(| CS directly | | |
| Name of bank/build | ing society: | | | | | | | | |
| Branch name: | • | | | | | | | | |
| Account name: | | | | | | | | | |
| Account name: | | | | | | | | | |
| Sort code: | | | | | | | | | |