

LOCAL HOUSING ALLOWANCE

Addressee

Tenant's name & address
(if different from addressee)

Reference No:

Application for Payment of Benefit Directly To Landlord

Please state the reasons for requesting payment of benefit (Local Housing Allowance) directly to the landlord by ticking the appropriate box below and adding the additional information requested.

Return the completed form to:
 City of Edinburgh Council
 Revenues & Benefits Division
 PO Box 12331
 Edinburgh EH11 3YB

Telephone Contact: 0131 469 5000

Tenant 8 full weeks in rent arrears (<i>proof is required</i>)	
Tenant unable to open bank account (<i>give reason below</i>)	
Tenant meets vulnerability criteria (<i>Please state below which criteria they meet – see leaflet enclosed</i>)	

Any other information

Landlord's signature: Date:
 Tenant's signature: Date:
 Tenant's Address:
 (*if not shown above*)