

REQUEST FOR DIRECT PAYMENT FORM – CUSTOMER REQUEST

| | | | |
|----------------------------------|----------------------|--------------------------------------|----------------------|
| Housing Benefit Reference Number | <input type="text"/> | Landlord Reference Number (if known) | <input type="text"/> |
|----------------------------------|----------------------|--------------------------------------|----------------------|

| | |
|-----------|----------------|
| Full Name | Mr/Mrs/Miss/Ms |
|-----------|----------------|

| | |
|--------------|----------------------|
| Full Address | <input type="text"/> |
|--------------|----------------------|

| | | | | | | |
|---------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| National Insurance Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

| |
|---|
| Reasons why you cannot manage direct payments <i>Give detailed reasons and attach supporting evidence</i> |
| <input type="text"/> |

Continue overleaf if required

For office use only

| | | | |
|---------------|--------------------|------------------|--------------------|
| Date referred | ____ / ____ / ____ | Appointment date | ____ / ____ / ____ |
| Authorised by | _____ | Authorised date | ____ / ____ / ____ |
| | _____ | | _____ |

Continued...

Claimants / Appointee Signature

Date / /

Please print name