

# REQUEST FOR DIRECT PAYMENT PARTNERSHIP REFERRAL FORM

Housing Benefit Reference Number	<input type="text"/>	Landlord Reference Number (if known)	<input type="text"/>
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Full Name	Mr/Mrs/Miss/Ms
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Full Address	<input type="text"/>
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National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>Reasons why tenant cannot manage direct payments</b> <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...*

<b>Claimants / Appointee Signature</b>	_____	<b>Date</b>	<b>/</b>	<b>/</b>
<b>Please print name</b>	_____			
<b>Partnership Officer Signature</b>	_____	<b>Date</b>	<b>/</b>	<b>/</b>
<b>Designation</b>	_____			