# **Company Name Limited**

Registered Address: Address and Postcode Tel: number

E-mail: [email@hotmail.co.uk](mailto:email@hotmail.co.uk) Company No. number

Managing Director: Name

Third Party Payments

Address can be found

Using link

<http://docs.dwp.gov.uk/dwp-postal-addresses.pdf> 01 August 2014

Dear Sir,

**REQUEST FOR THIRD PARTY PAYMENTS FROM BENEFIT**

**AP Reference Number: 00000**

The claimant below is in arrears with rent and/or service charges, and are not paying their ongoing service charges, and I accordingly request that you make deductions from benefits payable to the claimant to:

1. clear the rent arrears - *Social Security (Claims and Payment Regulations) 1987, Schedule 9 paragraphs 2(1)(a); 3(1); 5(1)(c)(i)&(ii).*
2. cover any ongoing rental obligation that is not covered by Housing Benefit payments. - *Social Security (Claims and Payment Regulations) 1987, Schedule 9 paragraphs 2(1)(a),(b)*.
3. pay the ongoing service charges, which is for gas, electricity, and water. - *Social Security (Claims and Payment Regulations) 1987, Schedule 9 paragraphs 2(1)(c),(d),(e)* and 6(2)(a),(b).

I believe the authority to make such payments is provided by the Social Security (Claims and Payment Regulations) 1987, Schedule 9 paragraphs 2; 3; 5; 6, as specified above.

I believe that the Regulations allow you to make payments even if there are not arrears of 8 weeks or more if you believe that it is in the interests of the family/claimant to do so. As the claimant has requested direct deductions from their benefits to cover the service charge and is at risk of losing their home (eviction) if they do not meet the contractual rent and service charges, I ask you to consider making such payments as allowable, as it is in the interests of the claimant.

The claimant’s failure to (or inability to) budget for these costs (for which they are legally liable and have contractually agreed to pay), and their failure to respond to reminder letters or stick to repayment agreements, shows that third party payments (deductions from their benefits) are the most effective way of them paying these costs.

|  |  |
| --- | --- |
| Your Customer’s Name: | |
| Name of customer receiving benefit or pension credit (if different): | |
| Customer’s Address where arrears/debt accrued: | |
| Customers phone number: | |
| National Insurance number of customer receiving benefit or pension credit (if known) | |
| Date of birth of customer receiving benefit | |
| **Customer participation** | |
| Does the customer know that this application is being made? | Yes, it was agreed at the start of the tenancy. |
| Is the customer receiving the required benefit/entitlement? | Yes, it is believed that the tenant is receiving welfare benefits. |
| Has the customer failed two payment plans on this debt? | They have agreed verbally and in writing to make payments but have failed to pay. |
| Is the customer due to receive a threat of court action? | Yes, court proceedings will commence if payments not made. |
| **Debt outstanding** | |
| What is the debt for?  Occupancy/rent arrears | |
| How much is the total debt? | |
| Arrears have accrued over: **since tenancy start date** | |
| Contractual Weekly Rent: £  Housing Benefit: £  Rent shortfall: n/a Deduction for ongoing HB rent shortfall is not being requested. | |
| Current Weekly Service Charge (i.e. gas, electricity, water): £  Current Service Charge Arrears: | |
| **Tell us about any other payment methods which have been tried and how or why they have failed.**  The claimant has previously agreed to make payments but has failed to make the agreed payments.  The claimant has been given advice on sources of financial help  The claimant has been advised that payment by instalments is acceptable, but they have still failed to make or keep to such payments. | |

I can confirm that the service charge is a set weekly amount agreed by the claimant, and will be used towards the cost of gas, electricity, and water, and that the claimant is legally liable to pay these charges.

Please pay the deductions into the following bank account, **using the claimant’s name as the reference**:

Account Name:

Sort Code:

Account Number:

Bank Name:

Please confirm when payments will commence, or let us know if deductions cannot be made (and the reasons why this may be the case). Please send all correspondence (including the “take on” letter and the monthly payment schedule) to:

Company Name Ltd

Drive

Town

County Postcode

Please note that the claimant has agreed to direct deductions from their benefits for rent arrears, service charge arrears, and any on-going service charges. The claimant has also expressly agreed to such direct deductions from their benefits continuing indefinitely for all remaining rent and service charge arrears due at the end of their occupancy, regardless of where they move to. Such third party deductions are in the claimant’s ongoing interest to avoid legal proceedings, further indebtedness, and to assist them to discharge their debt.

Thank you for your assistance.

Yours faithfully

Name

Managing Director