



Vulnerability Indicators

Are any of the following indicators relevant? If yes please tick the check box and ensure that the evidence required is supplied with this form.

Learning Disability <input type="checkbox"/>	Written Evidence from Care Workers, GP, Social Services, DWP, etc.
Medical Condition i.e. dementia, terminal illness <input type="checkbox"/>	Written Evidence from Care Workers, GP, Social Services, hospital, etc
Illiteracy or an inability to speak English. <input type="checkbox"/>	Written evidence from Support Organisations
Addiction to drugs, alcohol, gambling <input type="checkbox"/>	Written evidence from Support Organisations, GP, Social Services, hospital, care workers, etc.
Fleeing domestic violence/single homeless(care leaver), leaving prison <input type="checkbox"/>	Written evidence from support organisations, probationary service, social services.
Severe debt problems – recent CCJs <input type="checkbox"/>	Evidence from help groups, creditors, court orders, solicitors, etc.
Undischarged bankruptcy <input type="checkbox"/>	Copy of Court Order
Inability to open a bank account. <input type="checkbox"/>	Letters from banks or money advisors.
Is in receipt of help from homeless charity <input type="checkbox"/>	Evidence from charity
Evidence of Rent or Top Up Arrears – 8 Weeks <input type="checkbox"/>	Rent Records and letters proving attempts to collect monies
Evidence of missed payments – 2 consecutive payments <input type="checkbox"/>	Rent Records and letters proving attempts to collect monies



CITY OF
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Application for Direct Payment to Landlord

Safeguard Criteria

Name	
Address	
Tenant's Name	
Tenant's Address	
Claim Ref No	

Reason for Direct Payment	Evidence supplied
8 Full Weeks in Rent Arrears	
'Top-Up' Rent equates to 8 Full Weeks Rent Arrears- e.g. Rent £100 per week 'top up' arrears = £800	
Unable to open Bank Account	
Fulfils Vulnerability Criteria <i>(Please state which criteria they meet)</i>	
2 Consecutive missed Housing Benefit Payments	

Signature: Landlord / Tenant <i>(delete as appropriate)</i>	
Date:	