**Appendix C**

Supporting letter for Alternative payments (APA)

Headed Paper

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Claimant:…………………………………………………………………………………………………..

Leaving Care Case Worker details (*insert name /email and phone number*)……………………………………………………………

Other relevant Professional (*details of GP/ CAMHS etc.*)…………………………………………………………………………………………….

Staying Put Provider /Landlord………………………………………………………………………………………………………………………………….

Dear Sir/Madam

I, the above claimant, request that I am considered for an Alternative Payment Arrangement (APA) for my housing benefit to be paid directly to my landlord, in line with the

**UC** **Personal budgeting Support and Alternative Payment Arrangement guidance March 2017**.

This request is based on my individual circumstances which full under Tier 1 –highly likely/probable need for APA and Tier 2 – less likely/possible need for APA.

(*delete those not applicable and include evidence as detailed in attached guidance for each chosen.)*

**Tier One factors**

1.1Drug/alcohol and/or other addiction problems e.g. gambling

1.2 Learning difficulties including problems with literacy and/or numeracy

1.3 Severe/multiple debt problems

1.4 In temporary and/or supported accommodation

1.5 Homeless

1.6 Domestic violence/abuse

1.7 Mental health condition

1.8 Currently in rent arrears/threat of eviction/repossession

1.9 A care leaver

**Tier Two factors**

2.1 Third party deductions in place (e.g. for fines, utility arrears, etc.)

2.2 Claimant is a refugee/asylum seeker

2.3 History of rent arrears

2.4 Previously homeless and/or in supported accommodation

2.5 Other disability (e.g. physical disability, sensory impairment, etc.)

2.6 Claimant has just left prison

2.7 Claimant has just left hospital

2.8 Recently bereaved

2.9 Language skills (e.g. English not spoken as the ‘first language’)

2.11NEETs – Not in Education, Employment or Training

**I have enclosed the following supporting evidence (give *details…)***

**Please contact my LCCW, detailed above, for any further information.**

**Yours faithfully**

**(insert signature)**

**Date :**