



DISCRETIONARY HOUSING PAYMENT APPLICATION FORM

| | |
|--------------------------------|--|
| Full name | |
| Address | |
| Contact number | |
| Email address | |
| Benefit claim reference | |

A. Information

1. Please state how you obtained this form (e.g. via the internet, customer services, phone request, Strategic Housing, your landlord).

2. Tell us why you need this extra help and how much you think you will need.

3. Have you moved address within the last 12 months? Yes No

If yes, please confirm the reasons why you left your previous and what made you choose this address.

4. How much was your rent at your last address?

5. What type of accommodation was it? (i.e. shared house, flat, terraced house, detached house, etc.)

6. How many bedrooms did you have in this property?

7. Did you receive housing benefit at this address? Yes No If, no go to question 8

If yes, did you have a shortfall between your housing benefit and rent? Yes No

If yes, how did you manage this shortfall?

About your current address

8. Have you tried to negotiate a lower rent with your **current** landlord? Yes No

9. Is your landlord currently taking any action regarding any rent arrears? Yes No

If yes, please provide proof.

10. Are all members of your household in good health? Yes No

If no, please give details and provide supporting medical evidence.

11. Has the property been significantly adapted in any way by your landlord to meet your needs?

Yes No

If yes, please give details of what adaptations have been made. Include when these were carried out and which member of your household were the adaptations for.

12. Can we contact your landlord direct to discuss any adaptations? Yes No

13. Do you have a spare bedroom that is used by, or kept free for, foster children? Yes No

If yes, please provide documentation from the organisation you are registered with.

14. Have you tried to find somewhere else to live that is cheaper and/or smaller? Yes No

If yes, please give details and explain why you were not able to move.

15. Have you applied for a DHP before? Yes No

If yes, please state what steps you have taken to improve your situation since your last application.

16. Are you in receipt of Jobseekers Allowance? Yes No

If yes, please state when you were last employed and confirm who your employer was. Give details of your current job prospects.

17. Please provide any further information which you think may help us deal with your application.

B. Income

| | Amount (claimant) | Amount (partner) | How often is it paid, e.g. weekly, monthly |
|---|----------------------|---------------------|---|
| Wages / salary | | | |
| Income Support | | | |
| Jobseekers Allowance | | | |
| Employment Support Allowance | | | |
| Child Benefit | | | |
| Working Tax Credit | | | |
| Child Tax Credit | | | |
| Incapacity Benefit | | | |
| State Pension | | | |
| Pension Credit | | | |
| Private / occupation pension | | | |
| Maintenance | | | |
| Industrial Injuries Benefit | | | |
| Universal Credit | | | |
| Disability Living Allowance/ Personal Independence Payment | | | |
| Any other income / benefits Please state what this is: | | | |

Do you receive any money from other adults in the household? Yes No

If yes, who pays this, how much do they contribute, how often do they pay this and what is it for?

C. Outgoings (*Please provide proof of any expenditure detailed below*)

| Outgoings | How much pay you pay? | How often do you pay this i.e. weekly, fortnightly, monthly, quarterly, yearly | Amount outstanding? |
|--|------------------------------|---|----------------------------|
| Rent | | | |
| Rent arrears | | | |
| Council Tax | | | |
| Council Tax arrears | | | |
| Gas | | | |
| Gas arrears | | | |
| Electric | | | |
| Electric arrears | | | |
| Other fuel, e.g. coal, oil | | | |
| Water rates | | | |
| Water rates arrears | | | |
| TV licence | | | |
| Sky or Cable TV | | | |
| Internet | | | |
| Telephone (landline) | | | |
| Telephone (mobile) | | | |
| Food | | | |
| Household goods | | | |
| Clothing | | | |
| Contents Insurance | | | |
| Personal Insurance | | | |
| Car Insurance | | | |
| Car Tax | | | |
| Car Finance | | | |
| Petrol/Diesel | | | |
| Car MOT | | | |
| Parking fees | | | |
| Public transport | | | |
| Taxis | | | |
| Prescription costs | | | |
| Childcare costs | | | |
| Court fines | | | |
| Doorstop lenders | | | |
| Credit cards | | | |
| Store cards | | | |
| Catalogues | | | |
| Contact lenses | | | |
| Any other expenses (state what these are) | | | |

D. Bank account and capital details

Please list all bank accounts, including Post Office accounts and other savings or investments that you and your partner have, even if the accounts are overdrawn or not used very often.

Please provide the last 2 months statements for each account.

| Bank or building society | Account Name | Account Number | Current Balance |
|--------------------------|--------------|----------------|-----------------|
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E. Declaration

- I will tell you if any of the details on any of the letters you send me are incorrect.
- The information I have given is true and complete. If any of the information is found to be untrue, and it leads to any DHP award being overpaid, the Council can ask me to pay this back and may prosecute me.
- I consent to information regarding my DHP application being shared with my landlord if they receive my Housing Benefit direct.
- I will write to you straight away if there are any changes in my circumstances so that you can work out my benefit again. If I do not, and it leads to any DHP award being overpaid, the Council can ask me to pay it back and may prosecute me.

Please sign/date the form below (if you have a partner they should also sign/date below).

| | | | |
|---|----------------------|-------------|----------------------|
| Claimant | <input type="text"/> | Date | <input type="text"/> |
| Partner | <input type="text"/> | Date | <input type="text"/> |
| If someone else has filled in this form on your behalf, please say why below and ask them to sign and date this form. | | | |
| Signature | <input type="text"/> | Date | <input type="text"/> |
| Reason | <input type="text"/> | | |