

# Application for a Discretionary Housing Payment

## About the Discretionary Housing Payment scheme

A Discretionary Housing Payment is extra help we can give you (on a short term basis) to top up a shortfall in your rent. To qualify you must receive at least some Housing Benefit and show you are having difficulties with your finances.

Discretionary Housing Payments are not the same as Housing Benefit. They are special payments which come from a separate fund. Once the fund has been spent in any financial year no more Discretionary Housing Payments can be made.

## Making a decision

When making a decision we need to look at things like:

- The shortfall between your Housing Benefit and the amount you have to pay;
- Any efforts you have made to reduce your rent;
- Your financial and medical circumstances and the financial and medical circumstances of anyone who lives with you;
- Your income and expenditure and the income and expenditure of anyone who lives with you;
- Your savings investments and any held by anyone else living with you;
- Any debts owed to you or anyone else who lives with you;
- Any exceptional circumstances;
- The amount of money we have available in the fund when we consider your application; and
- Any other special situations.

## What to do next

Please fill in and return this form to:

**Benefits Service, Time Square, Bracknell Berkshire. RG12 1HJ.** You will then be invited to attend an appointment to discuss the information you have put on the form.

## Part A - About you

Title (Mr, Mrs, Miss and so on):

Your full name:

Your partner's full name:

Address and postcode:

What date do you want to claim  
discretionary housing payments from?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

...../...../.....

Is your request for DHP due to impact of Welfare Reform Changes, If so what changes have an impact on your Housing Benefit?

## Part B - About you and your family

1. When did you move into your current address?

...../...../.....

2. If you have moved in the last 12 months please tell us your last address.

3. Please tell us your reasons for moving.

4. Could you afford to pay your rent when you first moved in to your property?

Yes  If 'yes', how did you afford to pay it? No

5. Number of people in my household?

Adults \_\_\_\_\_

Children \_\_\_\_\_

Non-Dependents \_\_\_\_\_

### Part C - About your rent

6. Have you asked your landlord to reduce your rent?

Yes  Please answer the 2 questions below No

When did you do this?

What did the landlord say?

7. Are you behind with your rent payments?

Yes  Please give the following: No

7a. How much are you in arrears?

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7b. Have you received a notice to quit? Yes  No

Please provide the relevant evidence.

8. Have you tried to find a cheaper home?

Yes  Please answer 8a and 8b below    No  Please answer question 8c below

8a. When did you do this?

8b. What was the outcome?

8c. If you have not tried to find a cheaper home please tell us why:

9. Would you have to stay in your current home even if you found a cheaper home?

Yes  If 'yes', please explain why below.    No

**Part D – Other information**

10. Are you on any housing waiting lists?

Yes  If 'yes', please give further details below    No

10a. When did you go on the list?  
(Give the month and year)

10b. Whose list are you on?

10c. Please give details of any tenancies you have been offered:	
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**11.** Do you have any relatives or friends who could give you a place to live?

Yes  No

Could they or anyone who lives with you, help you with your rent?

Yes  No

**12.** Do you or any of your family have health problems or a disability?

Yes  Please give details: No

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(You will need to provide medical evidence if available, such as a letter from your Doctor. You do not need to provide this evidence if you will be charged for obtaining it.).

**13.** If you have to continue paying the shortfall in your rent what difficulties will this cause you (and your family)?

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**14.** Has your property had significant adaptation's to accommodate you living there? If the answer is Yes, please advise of the changes.

**Part E – Personal Budget** – Please give us a breakdown of your income and spending below

**We need to see proof of your and your partner’s income.**

	<b>Weekly</b>	<b>Monthly</b>
Your wages	£	£
Your partner’s wages	£	£
Company pension	£	£
Employment Support Allowance	£	£
Income Support	£	£
Jobseeker’s Allowance	£	£
Child Benefit	£	£
Working Tax Credit	£	£
Child Tax Credit	£	£
Incapacity Benefit	£	£
Pension Credit	£	£
Other state benefits	£	£
Maintenance	£	£
Money from anyone who lives with you	£	£
Housing Benefit	£	£
Other:		
Other:		
Other:	£	£
Other:	£	£
<b>Total income</b>	£	£

**Your spending (We need to see proof of all regular spending.)**

	<b>Weekly</b>	<b>Monthly</b>
Rent	£	£
Council Tax	£	£
Loans	£	£
Landline - Telephone	£	£
Mobile -	£	£
Water charges	£	£
Service Charges	£	£
Buildings and contents insurance	£	£
Life assurance or endowment premiums	£	£
Gas	£	£
Electricity	£	£
Toiletries	£	£

Groceries	£	£
TV rental and license	£	£
Magistrates' court fines	£	£
Maintenance payments	£	£
Traveling expenses	£	£
Clothing	£	£
Prescriptions	£	£
Sky, Virgin Packages	£	£
Child minding costs	£	£
Catalogue accounts	£	£
Credit card debts	£	£
Other: Please state	£	£
	£	£
	£	£
	£	£
<b>Total expenses</b>	£	£

<b>For office use only:</b>	<b>Weekly</b>	<b>Monthly</b>
Total income	£	£
Minus total expenses	£	£
Balance	£	£

**Part F - Your debts** – please show the amounts you are paying towards any debts you have.

Please provide proof of the current balance outstanding for all of your debts. You do not need to provide proof if you will be charged but must state this in Part G.

	<b>Weekly</b>	<b>Monthly</b>
Rent arrears	£	£
Mortgage arrears	£	£
Unpaid Council Tax	£	£
Overdue water rates	£	£
Fuel debts: gas	£	£
electricity	£	£
other	£	£
Magistrates' fines	£	£
Unpaid maintenance	£	£
Other (Please list below)	£	£
	£	£
.....	£	£
.....	£	£

**Total debts**

£

£

**Bank and building society accounts** – If you have any bank or building society accounts or other savings, tell us about them here.

Name of bank or building society	Account number	Amount held

**Part G - Other Information** (Please tell us about anything else you think we should know about)

### Part H - Declaration

**Please read the following statements and sign below. We cannot deal with your application if you have not signed it.**

- This is my claim for a Discretionary Housing Payment.
- I will tell you if the information on any letter you send me is incorrect.
- The information I have given is true and complete.
- I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- I understand that you may check the information I have given on this form.
- I understand that you may use the information I have given in connection with this and any other claim I have made or may make for state benefits. You may give some information to other organisations, such as government departments, local authorities and private companies such as banks and organisations that may lend me money, if the law allows this.
- I know that I must tell you if my circumstances change after I make this claim.



**Your signature:**

**Date:**

**Your partner's signature:**

**Date:**

If someone else has filled in this form for you they must fill in the section below.  
Please tell us why you are filling in this form for someone else.

I declare that I have read the information in this form back to the claimant and they have confirmed that it is a true statement of what the person asked me to write.

**Name of person who filled in this form:**

**Their signature:**

**Relationship to you:**

## **Part I - Equalities**

You do not need to fill in this section, but it will help us assess whether we are providing an equal and fair service to our customers. All details are kept in strict confidence at all times in compliance with the Data Protection Act 1998. Please note that to provide this information is optional either completely or in part.

**Are you?**

PLEASE TICK ✓ ONE BOX ONLY

Male  Female Under 18  18-34  35-49  50-64  65-79  80+ **To which of these groups do you consider you belong?**

PLEASE TICK ✓ ONE BOX ONLY

White	Mixed	Asian or Asian British
English/Welsh/Scottish/ Northern Irish/British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Gypsy/Irish Traveller <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Nepali <input type="checkbox"/>
Showpeople/Circus <input type="checkbox"/>	Any other Mixed background (✓ AND WRITE IN BELOW) <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Any other White background (✓ AND WRITE IN BELOW) <input type="checkbox"/>		Chinese <input type="checkbox"/>
		Filipino <input type="checkbox"/>
		Any other Asian background (✓ AND WRITE IN BELOW) <input type="checkbox"/>
<b>Black or Black British</b>	<b>Arab/ Other Ethnic Group</b>	
African <input type="checkbox"/>	Arab <input type="checkbox"/>	
Caribbean <input type="checkbox"/>	Other ethnic group (✓ AND WRITE IN B <input type="checkbox"/>	
Any other Black background (✓ AND WRITE IN BELOW) <input type="checkbox"/>		

**Do you consider yourself to have a health problem or disability which has lasted, or is expected to last, at least 12 months?**

PLEASE TICK ✓ ONE BOX ONLY

Yes No

**Are your day-to-day activities limited because of your health problem or disability?  
PLEASE TICK ✓ ONE BOX ONLY**

Yes

No

**How would you describe your religion / belief? PLEASE TICK ✓ ONE BOX ONLY**

- |   |                          |                        |                          |
|---|--------------------------|------------------------|--------------------------|
| None                                    | <input type="checkbox"/> | Hindu                  | <input type="checkbox"/> |
| Christian (all Christian denominations) | <input type="checkbox"/> | Muslim                 | <input type="checkbox"/> |
| Buddhist                                | <input type="checkbox"/> | Sikh                   | <input type="checkbox"/> |
| Jewish                                  | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |

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**How would you describe your sexual orientation? PLEASE TICK ✓ ONE BOX ONLY**

- |                        |                          |                   |                          |
|------------------------|--------------------------|-------------------|--------------------------|
| Heterosexual/ straight | <input type="checkbox"/> | Bisexual          | <input type="checkbox"/> |
| Gay man                | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Lesbian/ gay woman     | <input type="checkbox"/> |                   |                          |

**Thank you very much for completing this form.**