

**DISCRETIONARY HOUSING PAYMENT FORM**

Name:

Address:

Telephone:

Case Ref:

**Do you require additional help with Housing Benefit?**  **Council Tax Benefit?**

Please tick the relevant benefit.

**For Council Tax Benefit only, please answer questions 5 – 7, and 7 – 12 inclusive.**

**For Housing Benefit only, or both Housing and Council Tax Benefit, please answer all questions.**

**N.B. All applicants must complete the attached Financial Means Enquiry Form.**

**1. Did you apply for a Pre Tenancy Determination prior to moving into your accommodation? If no, please explain why? If yes, please explain why you decided to move into the accommodation.**

**2. Do you believe that your landlord will evict you?**

Please state what he/she has done to make you believe this.

**3. If eviction proceedings have already been initiated by your Landlord, please provide the relevant evidence.**

**4. Are there any reasons why you would not be able to move to accommodation, which would have a lower rent? What steps have you taken to find cheaper, alternative accommodation?**

**5. Are there any reasons why you would not be able to move to accommodation, which would have a lower Council Tax Banding?**

**6. What will you do if we cannot pay the additional amount?**

**7. Please supply details of any savings you may have?**

**8. Have you asked your landlord to reduce the rent?**

Please explain what steps you have taken to do this. What was your landlords reply?

**9. Do you, or any members of your household, have any health problems that might make it harder for you to move to cheaper accommodation?**

**10. What will be the effect on members of your household if we cannot pay the shortfall?**

**11. Is there any member of your household who could pay some or all, of the shortfall?**

**12. Are there any other comments you would like to make to support your application?**

**FINANCIAL MEANS ENQUIRY FORM**  
**FOR DISCRETIONARY HOUSING PAYMENTS**

1) Please provide details of the **weekly** income for yourself and your partner, if you have one.

	<u>Yourself</u>	<u>Your Partner</u>
Wages or salary (take home)	<input type="text"/>	<input type="text"/>
Income Support	<input type="text"/>	<input type="text"/>
Job Seekers Allowance (Income Based)	<input type="text"/>	<input type="text"/>
Job Seekers Allowance (Contribution Based)	<input type="text"/>	<input type="text"/>
State Retirement Pension	<input type="text"/>	<input type="text"/>
Incapacity Benefit	<input type="text"/>	<input type="text"/>
Child Benefit	<input type="text"/>	<input type="text"/>
Working &/or Child Tax Credit	<input type="text"/>	<input type="text"/>
Other State Benefits: (please specify)	<input type="text"/>	<input type="text"/>
Other Income: (please specify)		
<b>Total Income</b>	_____	_____

**2) Please provide details of all your outgoings. Please state these as weekly amounts and provide supporting evidence.**

Rent

Rent Arrears

Council Tax

Council Tax arrears

Water Rates

Gas

Electricity

Telephone

Food

Clothes (average)

TV Licence

Tv Rental

Car expenses

Travel expenses

Child care costs

Insurance policies

Loans

Other debts  
(please specify)

Any other expenses  
(please specify)

**Total Weekly Expenses**

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**Signature**

**Date**

If you have completed this form on behalf of the benefit applicant please fill in the boxes below

**Name**

**Relationship**

**Date**

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**Office Use Only**