Application for a Discretionary Housing Payment (DHP)



To be eligible for a Discretionary Housing Payment you must: ■ be in receipt of Housing Benefit, or; FOR OFFICE USE ONLY Universal Credit (UC) that includes a housing element Claim Ref towards rental liability, and; Date Received you require further financial assistance with housing costs. Please email completed form to benefits@sholland.gov.uk A Discretionary Housing Payment may be awarded on a short term basis to help with a shortfall in your rent or to help with additional housing costs such as rent in advance or a deposit. Answer the questions in full, giving as much information as possible, please provide any documents to support your application. No Are you currently homeless or at risk of becoming homeless?......Yes If Yes, do you give us consent to pass your details onto our Housing and Homelessness Team who will contact you to offer advice and assistance?.......Yes PART 1 - About you Title: Last name: First names: Daytime telephone number: Email: Current address: Postcode: Address this claim relates to (if different from your

FRBA DHP V7 1021 Page 1 of 9

current address):

Postcode:

Date of birth:

National Insurance number:

Please give details of other household men	iders:		
Name	Relationship to you	Date of Birth	
Do you need help with:			
■ your rent payment / housing costs?			
paying a deposit or first month's rent?			
	provide three written quotes.		
Please explain in more detail why you need	this additional financial help:		
Di			
Please tick the box that most closely fits th	e reason you are seeking additional financial support	•	
Size criteria rule change in social ho	using (Spare Room Subsidy)		
Changes to Local Housing Allowance			
Benefit Cap			
Personal circumstances causing hard	ship		
PART 2 - Help with rent in adv	ance / deposit		
If you are not required help with	want in advance on a descrit along we to D	ADT 2	
	rent in advance or a deposit, please go to Pa	AKI 3	
If you want help with a deposit or rent in a	dvance, please confirm:		
■ Have you applied to South Holland	Yes No If Yes, please explain the out	come.	
District Council's Rent Assist Scheme?	If you have not applied please explain why?		
■ How much is required for rent	£		
in advance?			
■ How much is required for your	£		
deposit? How much you can contribute yourself?	£		
 Are you due to have a deposit or rent in advance of your current tenancy 	Yes No No		
	If Yes, when will you receive this?		
returned to you?	Tres, when with you receive this:		

FRBA DHP V7 1021 Page 2 of 9

■ The date your tenancy would start:	
■ The date you plan to move in:	
■ The new landlord's name, address and telephone number:	
■ Landlord's email address:	
■ The address you intend to move to:	
Please provide evidence of the new full contractual rent for the propert	tenancy and / or a letter confirming the tenancy, including the ty.
Please confirm if you are related to the	landlord of the property you intend to move to? Yes No
If Yes, please confirm your relationship t	o them:
We usually pay deposits / rent in advance For this purpose, please provide the land	ce directly to the landlord of the property you intend to move to.
Name of bank or building society:	
Address:	
Whose name is the account in?	
Sort code:	
Account number:	
If applying for help with a shortfall in you details on page 8.	our rent and wish to receive payments yourself, please complete the bank
Please note, if you do not use the Dadvance or a deposit), we may reco	viscretionary Housing Payment for the intended purpose (rent in ver the money back from you.
If you have completed PART 2 ab rent in advance or a deposit plea	ove and you only want help with se now go to PART 4

FRBA DHP V7 1021 Page 3 of 9

PART 3 - Help with your rent payment / housing costs Please give the date you want your Discretionary Housing Payment to start: Why do you want your Discretionary Housing Payment to start from this date? If you have moved within the last 12 months, or if you are about to move, please state the reasons for the move(s). Could you afford the rent when you moved in? Yes If Yes, and you can't afford the rent now, what has changed and why? Yes No If you are a private tenant, have you asked your landlord to reduce the rent? If Yes, please explain the outcome. If No, please explain why. No Yes Have you tried to find accommodation with a lower rent? If Yes, what have you tried and what was the outcome? If No, please explain why. Nο Yes Do you have rent arrears? If Yes, how much do you owe and what period does it cover? Please provide evidence of your rent arrears. Have you been issued with a notice to quit or has your landlord started eviction proceedings? Yes Nο If Yes, please provide evidence of this. If Yes, how would a Discretionary Housing Payment stop the action/eviction proceedings?

FRBA DHP V7 1021 Page 4 of 9

Do you or any members of your household have any medical conditions which affect the type or size of property you need to live in? Yes No
If Yes, please give details and supporting evidence.
Have you sought advice from South Holland District Council's Housing and Homelessness Team, Citizens Advice, your landlord or any other similar organisation.
Yes No If Yes, please give details.
Discretionary Housing Payments are for a limited period only. If you are awarded a Discretionary Housing Payment, what steps are you taking or intending to take so that a DHP may not be required in the future?
rayment, what steps are you taking of interioring to take so that a Diff may not be required in the ruture:

FRBA DHP V7 1021 Page 5 of 9

PART 4 - Financial information

You will need to complete the financial statement and provide evidence of all expenses.

- * If in receipt of Universal Credit please provide a screen print of your Universal Credit journal showing the breakdown of your award.
- You must declare all of your expenditure
- Failure to declare all of your outgoings may delay your claim or affect the amount we pay you
- Please do not enter an amount if you do not spend it on a regular basis each week / month
- In order to help verify your outgoings, please provide up to date bank statements covering 2 months transactions

You only have to complete the Weekly or Calendar Monthly box, whichever is easiest for you.

INCOME DETAILS	Weekly	Calendar	OUTGOINGS	Weekly	Calendar
2 1 111		Monthly	10		Monthly
Carer's Allowance			Mortgage/Rent		
Child Benefit			Council Tax		
Child Tax Credit			Electricity		
Disability Living Allowance			Gas		
Employment and Support			Other fuel		
Allowance					
Incapacity Benefit			Arrears of rent / utility bills		
Income Support			Water		
Jobseeker's Allowance			Mobile telephone(s)		
Maintenance received			Landline telephone		
Non-Dependants contribution			Television licence		
Personal Independence Payment			Sky / Cable or other TV costs		
State Retirement Pension			Travel costs		
Universal Credit			Insurances		
Wages / earnings of claimant			Food		
Wages / earnings of partner			Household items		
Working Tax Credit			Maintenance paid out		
			Medical Costs		
			Clothing		
			Toiletries		
Works Pension (please specify)			Fines		
,,			Hire Purchase		
			Catalogues		
			Credit cards/loans (please spe	ecify)	
Other benefits (please specify)					
			Holidays		
Any other income (please specify)			Entertainment / eating out		
Any other income (please specify)	1	1	Magazines / Newspapers		
			Alcohol / cigarettes / tobacco		
			Lottery / scratchcards / bookmakers		
			Any others (please specify)		
			Any others (please specify)		
Total income			Total outgoings		

FRBA DHP V7 1021 Page 6 of 9

CAPITAL DETAILS Bank accounts, building society accounts,	ACCOUNT DETAILS Account number, issue numbers for national	TOTAL amount held	
premium bonds, national savings certificates, stocks and shares or other investments (this	savings certificates and company name and number of stocks/shares etc	in account	
includes any paypal accounts, credit union	number of Stocks/stidles etc		
accounts, ISAs or similar)			
	Total capital		
Yes No If Yes, we will contact you for more information. Do you, your partner or any children you are claiming for have any other capital, savings or investments that you have not told us about on this form? Yes No If Yes, please give details below.			
Have you or your partner, received:			
■ A far Eastern Prisoners of War Compensation	n payment?		
■ A compensation payment made to victims of	of atrocities that happened during the second wo	rld war?	
■ A payment from the VCJD (Creutzfeldt-Jakob Disease) trust?			
Yes No If Yes, how much?			
Is it included in your savings shown above? Y We need to know this to make sure we do not			
Are you expecting to receive any money in the	next 12 months?		
Yes No If Yes, please give details below. For example, a redundancy payment or a payment instead of notice or holiday.			

FRBA DHP V7 1021 Page 7 of 9

pay this.	or a Discretionary Housing Paym	ent is successful, please confirm w	here you would like us to
Branch name:			
Account number:		Sort code:	
Account holder:			
Please use this space	e to tell us about anything else re	elating to your application that yo	u think we should know.
	y 0		

FRBA DHP V7 1021 page 8 of 9

authorise the Council to verify any information on this form should they wish to do so.
know I must let the Council know about any changes in my circumstances which might affect my claim.
know that I must pay back any overpayment if my circumstances change.
declare that the information I have given on this form is true, up to date and complete.

Date:

Please return along with any necessary proofs to:

Email: benefits@sholland.gov.uk

Post: Benefits Services, South Holland District Council, PO Box 8, Spalding, Lincs, PE11 2XQ

For enquiries:

Your signature:

Tel: 01775 761161

PART 5 - Declaration

Web: www.sholland.gov.uk

If you suspect anyone of fraud, please telephone our 24 HOUR FREEPHONE hotline 0800 002 008

Any information you provide in response to this correspondence will be processed by Public Sector Partnership Services Ltd on behalf of the data controller, South Holland District Council.

We have a legal responsibility to administer claims for Housing Benefit and Council Tax Support, and this forms our legal basis for processing your information. We may also share this information with other public bodies responsible for auditing or administering public funds, and with other suppliers we commission to support us with our duties.

Please refer to our website www.sholland.gov.uk/article/8604/HB-CTS-Privacy-Notice for more information relating to how your information is processed and your rights as a data subject.

FRBA DHP V7 1021 Page 9 of 9