

Application for a Discretionary Housing Payment (DHP)

To be eligible for a DHP you must:

- be in receipt of Housing Benefit, or;
- Universal Credit (UC) that includes a housing element towards rental liability, and;
- require further financial assistance with housing costs

Please complete this form in BLACK ink

A DHP 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. Please answer the questions in full, giving as much information as possible, and provide any documents that might support your application.

FOR OFFICE USE ONLY

Claim Ref

Date Received

PART 1 - About you

Title

Last name

First names

Daytime telephone number

Current Address

Postcode

Address this claim relates to
(if different from your current address)

Postcode

Please tick one, or both, of the following boxes. Do you need help with:

- your rent payment / housing costs?
- paying a deposit or first month's rent?

Please explain in more detail why you need this additional financial help

Please tick the box that most closely fits the reason you are seeking additional financial support.



| | |
|--------------------------|---|
| <input type="checkbox"/> | Size criteria rule change in social housing ("Bedroom tax") |
| <input type="checkbox"/> | Changes to Local Housing Allowance |
| <input type="checkbox"/> | Benefit Cap |
| <input type="checkbox"/> | Personal circumstances causing hardship |

PART 2 - Help with rent in advance / deposit

If you are not requesting help with rent in advance or a deposit, please go to PART 3

If you want help with a deposit or rent in advance, please confirm:

- 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 returned to you?

Yes No

If Yes, when will you receive this?

- the date your tenancy would start

- the date you plan to move in

- the new landlord's name, address and telephone number

■ the address you intend to move to

Please provide evidence of the new tenancy and / or a letter confirming the tenancy, including the full contractual rent for the property.

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 to them

We will usually pay deposits / rent in advance directly to the landlord of the property you intend to move to. For this purpose, please provide the landlord's bank details.

Please note, if you do not use the Discretionary Housing Payment for the intended purpose (rent in advance or a deposit), we may recover the money back from you.

If you have completed PART 2 above and you only want help with rent in advance or a deposit please now go to PART 4

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 No

If Yes, and you can't afford the rent now, what has changed and why?

If you are a private tenant, have you asked your landlord to reduce the rent? Yes No

If Yes, what was the outcome? If No, why haven't you asked?

Have you tried to find accommodation with a lower rent? Yes No

If Yes, what have you tried and what was the outcome? If No, why not?

Do you have rent arrears? Yes No

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 No

If Yes, please provide evidence of this

If Yes, how would awarding a Discretionary Housing Payment stop the action/eviction proceedings (if at all)?

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 Housing Support (via the Council), Citizens Advice Bureau or similar organisations?

Yes No

If Yes, please give details

Discretionary Housing Payments are for a limited period only. Therefore, if you are awarded a Discretionary Housing Payment, what steps do you intend to take once the payments end so that you can manage without them?

PART 4 - Financial information

Please complete the financial statement and provide evidence of all expenses.

- 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

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

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

Please state here the total amount of your savings

£

Please use this space to tell us about anything else relating to your application that you think we should know

PART 5 - Declaration

I authorise the Council to verify any information on this form should they wish to do so.

I know I must let the Council know about any changes in my circumstances which might affect my claim.

I know that I must pay back any overpayment if my circumstances change.

I declare that the information I have given on this form is true, up to date and complete.

I understand that my information will be processed in accordance with the law, in particular the Data Protection Act 1998, and that the information that I have provided will only be used for Council purposes unless there is a legal authority to do otherwise.

Your signature

Date

Please return to:

Post: Benefit Services, South Holland District Council, P.O. Box 8, Spalding, Lincs. PE11 2XQ

Visit: Customer Services, South Holland District Council, Priory Road, Spalding, Lincs. PE11 2XE

For enquires:

Tel: 01775 761161

Email: benefits@sholland.gov.uk

Web: www.sholland.gov.uk

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