



APPLICATION FOR A DISCRETIONARY HOUSING PAYMENT

Date of issue:.....

Name.....

Address.....

.....

Telephone Number.....

Benefit Reference Number.....

I wish to apply for a Discretionary Housing Payment.
I consider my family would suffer hardship if I do not receive this
payment because:

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1. Please state which housing cost you want help with - Rent or Council Tax

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2. When did you move to this address?

(If you moved in the last 12 months, please state your previous address.)

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3. Were you able to afford the rent when you moved in? If yes, please tell us how you were able to afford it. (eg in work). please provide evidence of the rent you have paid and evidence of your earnings.

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4. Have you asked the landlord to reduce the rent? (Private tenants only) YES / NO
What was the outcome?

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5. Have you tried to find cheaper accommodation?
Is there any reason why you could not move if you found cheaper accommodation?

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a) How much notice would you have to give?.....

b) When does your current tenancy end?.....

6. Do you have any relatives or friends who could help you? Could they provide you with accommodation, if only temporarily? Could they, or anyone who lives with you, help you with the rent?

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7. Do you, or a member of your family, have any disabilities or health problems?

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8. Have you recently been bereaved?

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9. Do you have any rent arrears?

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10. If you are receiving Income Support , Job Seekers Allowance or Employment Support Allowance please give details of your income and capital.

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11. Do you have any savings or property (including holiday homes or timeshares) abroad?

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Discretionary Housing Payment

Personal Budget Details



Name		Reference	
Address:			

Number in Household	Adults	Children	Non Dependant Adults
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Income

	Yourself		Your Partner	
Employers name and address: (Head Office if known)				
	Payroll Number:		Payroll Number:	
		Delete as Applicable		Delete as Applicable
Average take home pay	£	Weekly/Monthly	£	Weekly/Monthly
Job Seekers Allowance	£	Weekly/Monthly	£	Weekly/Monthly
Income Support	£	Weekly/Monthly	£	Weekly/Monthly
Tax Credits	£	Weekly/Monthly	£	Weekly/Monthly
Pensions/Pension Credits	£	Weekly/Monthly	£	Weekly/Monthly
Child Benefit	£	Weekly/Monthly	£	Weekly/Monthly
Incapacity Benefit/Sick Pay	£	Weekly/Monthly	£	Weekly/Monthly
Maintenance	£	Weekly/Monthly	£	Weekly/Monthly
Non Dependants Contributions	£	Weekly/Monthly	£	Weekly/Monthly
Other Income	£	Weekly/Monthly	£	Weekly/Monthly
Total	£		£	

Expenditure

		Delete as Applicable		Delete as Applicable
Mortgage	£	Weekly/Monthly	Loan repayments	£ Weekly/Monthly
Rent	£	Weekly/Monthly	Date of final instalment	
Water Rates	£	Weekly/Monthly	Hire Purchase	£ Weekly/Monthly
Council Tax	£	Weekly/Monthly	Date of final instalment	
Fuel	Gas	£	Court Fines	£ Weekly/Monthly
	Electricity	£	Date of final instalment	
	Other Fuel Costs	£	Other expenditure Eg clothing, cigarettes, child care costs, CSA payments etc	
Insurance	Buildings	£		£ Weekly/Monthly
	Contents	£		£ Weekly/Monthly
	Life/Pensions	£		£ Weekly/Monthly
Housekeeping (food etc)		£		£ Weekly/Monthly
Telephone		£		£ Weekly/Monthly
Car (tax, petrol, insurance etc)		£	Total	£ Weekly/Monthly

This is an accurate record of my financial position.

Signed..... Date.....

I understand that The Council may check any of the information given above.

