



HART DISTRICT COUNCIL
 CIVIC OFFICES
 HARLINGTON WAY
 FLEET
 HAMPSHIRE
 GU51 4AE
 Tel: 01252 774444
 Fax: 01252 774415
 Email: benefits@hart.gov.uk

Office opening hours are
 8.30am - 4.45pm Monday to Thursday
 8.30am - 4.15pm Fridays

Telephone lines are open
 8.30am - 6.00pm Monday to Friday
 9.00am - 1.00pm Saturday

Ref:
 Date of Issue:

DISCRETIONARY HOUSING PAYMENT CLAIM FORM

Name ;
 Address:

1. When did you move to this address?
 If you have moved in the last 12 months, please state your previous address.

2. Did you obtain a Pre-tenancy Determination?
 If not why not?

3. Were you able to afford the rent and/or the Council Tax when you moved in?
 If yes, please tell us how you were able to afford it? For example, were you working,
 using savings to meet your outgoings?

4. Have you asked the landlord to reduce the rent?
 If yes, what was the outcome?

5. How much notice are you required to give and when does your tenancy end?

6. What steps have you taken to find cheaper accommodation?

7. Is there a reason why you could not move if you found cheaper accommodation?

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

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9. Please confirm the amount of any rent arrears you have £.....Please explain what action your landlord has taken against you because of your rent arrears? For example, have you received a Notice Seeking Possession and if so, when?

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10. Do you have any other debts, for example, hire purchase, loans, fines etc? If yes, please provide full details.

<u>Company</u>	<u>Balance Outstanding</u>	<u>Monthly payment</u>	<u>Arrears</u>
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11. Household expenditure. Please state the amount and frequency of payments.

Expense	Amount £	Frequency
Rent/Mortgage		
Food		
Council Tax		
Gas		
Electricity		
Water		
Telephone		
Household Insurance		
Life Assurance		
Car – Road Tax		
Insurance		
Petrol		
Bus/Train Fares		
TV – Licence		
Rental/Satellite/cable		
Alcohol		
Cigarettes		
Other Payments		
For Office use		
Totals		

If any of your expenses are unusually high, please tell us why:

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12. Please list all the benefits which you receive, such as Income Support, Jobseekers Allowance, Child Benefit and Incapacity Benefit and the weekly amount:

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If you are working please provide your last two monthly or five weekly pay slips.

13. Please give details of any accounts held by you (and your partner if you have one) with the Post Office, Banks and Building Societies.

Account held with.....Balance £.....
Account held with.....Balance £.....
Account held with.....Balance £.....

14. Do you have any other money, savings or property, including holiday homes or a timeshare? If yes, please provide full details.

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15. Do you have any policy or other long-term investment which will mature in the future. If yes, please give full details and the maturity date.

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16. Do you or any member of your household have any disabilities or health problems? If yes, please give full details.

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17. Have you recently been bereaved?

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Have any other circumstances recently changed?

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18. Please let us know if there is anything else which you would like to make us aware of when considering your application for Discretionary Housing Payment.

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DECLARATION

Please read this declaration carefully.

I/we declare that the information I/we have given on this form is correct and complete to the best of my knowledge.

I/we authorise the Council to make any necessary enquiries to verify the information on this form.

I/we authorise the Council to cross check the information I/we have given with the other sections within the Council, Rent Officer Service, other Councils, Benefit Agencies and any other public bodies involved with the protection of public funds.

I/we understand that I/we have a duty to give the Council the information that it may require to enable it to make a decision.

I/we understand that if I/we give information that is incorrect or incomplete or fail to report any changes that might affect my/our Discretionary Housing Payment I/we may be prosecuted.

Signature of
Claimant.....

Date:.....

Signature of
partner.....

Date.....