

Application for a

DISCRETIONARY HOUSING PAYMENT (DHP)



PLEASE READ THE GUIDANCE NOTES ON THE BACK PAGE BEFORE YOU FILL IN THIS FORM

What are Discretionary Housing Payments (DHPs)?

(DHPs) are extra payments to help people with their housing costs. By housing costs we mean rent.

We cannot help with some parts of your rent, for instance if meals, heating, lighting, hot water or water rates are included.

You must be getting Housing Benefit to be able to receive a DHP. The funding for DHPs comes from Central Government and is limited each year so unfortunately we cannot help everyone who applies.

How to apply for a Discretionary Housing Payment

To help us decide if you should get more help, please answer the questions on this form, including the financial assessment form on page 5 and provide your last 2 monthly bank statements. Please contact the Benefits Office if you need help.

If a Benefits Officer helps you to complete this form, it does not guarantee that you will be successful in your application. A Benefits Officer cannot advise you what to say.

Please use another sheet of paper if you need more room to answer any of the sections.

| | | | | |
|------------------------|------------------|----------------------|----------------|----------------------|
| FOR OFFICE USE: | Claim No: | <input type="text"/> | Issued: | <input type="text"/> |
|------------------------|------------------|----------------------|----------------|----------------------|

A

Your Name:

Your Address:

When did you move to this address?

Could you afford the rent when you first moved in?

What was your previous address?

B

Would you like help with your:

Rent

Rent arrears

Please tell us how long you need this help for?

4 weeks

8 weeks

12 weeks

26 weeks

Other

If longer than 26 weeks, please tell us how long, and why this would help in the space below

When do you need the help from?

C

Do you have rent arrears?

Yes

No

If yes please tell us:

How much are your rent arrears?

£

What period do they cover?

from

to

What action has your landlord taken to recover your rent? (Please send us proof of any action taken)

Court Action

Notice of seeking possession

Notice to quit

A letter

A payment plan

Other

Have you tried to negotiate with your landlord about reducing the rent?

D

Please tell us how your current accommodation is suitable for you (and your family) eg has it been adapted if you have a disability, do you need a lift or ground floor accommodation?

Have you, or a member of your family, any health problems or disabilities?

If yes, please give details in the space below. Please enclose any supporting evidence when you return this form (eg doctor's letters, hospital or clinic appointments, medical certificates).

E

Have you tried to find alternative accommodation? *(please refer to guidance notes)*

F

Please tell us how the area is suitable for you and/or your family eg do you or any member of your family, need to live near a particular nursery, other childcare, school, hospital or other service?

Do you or a member of your family have mobility problems which mean you need easy access to public transport or shops etc?

G

**Is there anyone else in your family or household, who can help you meet your rent?
If so, who?**

H

Please tell us about any recent or future changes affecting you (or a member of your family), that we should take into account (eg moving, starting/stopping work, any changes in your household, bereavement, relationship breakdown).

Please give details below.

I

Declaration

- I will tell you if any of the details on any letter you send me are incorrect.
- The information I have given is true and correct.
- I will write to you straight away if there are any changes in my circumstances so that you can work out my benefit again. If I do not, and I get too much benefit or discount, the Council can ask me to pay it back, and may prosecute me.

To show that you have read and understood the declaration, please sign and date the form below *(If you have a partner, they should also sign below)*

You Date

Your Partner Date

If someone else has filled in this form on your behalf please say why below, and ask them to sign this form as well.

Reason:

Name of person: Date:

Signature of person:

Please return this form to:

Benefits Section, Hart District Council, Civic Offices, Harlington Way, Fleet Hampshire, GU51 4AE

If we require any further information we will contact you to ask for it.

The Council is the Data Controller for the purpose of the Data Protection Act 1998. If you want more about the information we have about you or the way we use your information, please write to the Council's Data Protection Officer, Hart District Council, Civic Offices, Harlington Way, Fleet, Hants, GU51 4AE.

FINANCIAL ASSESSMENT FORM

| YOUR WEEKLY INCOME | YOU | PARTNER |
|---|----------------|---------|
| Net earnings from employment | | |
| Income Support / Jobseekers Allowance | | |
| Tax Credits | | |
| Housing Benefit | | |
| Child Benefit | | |
| Retirement Pension / Private Pension | | |
| Any other state benefit | | |
| Money received from parents / friends | | |
| Maintenance (Spousal and child) | | |
| TOTAL WEEKLY INCOME (A) | | |
| YOUR WEEKLY AMOUNT OF OUTGOINGS (please convert any monthly outgoings to weekly figures) | ARREARS IF ANY | |
| Rent/Mortgage | | |
| Council Tax | | |
| Food/Household products | | |
| Home Insurance | | |
| Gas and/or Electricity | | |
| Water rates | | |
| TV Licence | | |
| Telephone landline/mobile | | |
| Internet/Satellite/Cable/TV rental | | |
| Clothing | | |
| Bus / Train Fares | | |
| Car Insurance / Road Tax | | |
| Social Expenses including cigarettes/alcohol/takeaways | | |
| Any Other outgoings (please say what they are) | | |
| TOTAL WEEKLY OUTGOINGS (B) | | |
| WEEKLY INCOME LESS WEEKLY OUTGOINGS (A LESS B) | | |
| YOUR CURRENT AMOUNT OF CAPITAL | YOU | PARTNER |
| Bank accounts | | |
| Building Society / Post Office accounts | | |
| Other savings | | |
| TOTAL AMOUNT OF CAPITAL | | |

| LOANS AND OTHER CREDIT DEBTS | | |
|---|---------------|--------------------|
| NAME OF CREDITOR | BALANCE OWING | OFFER OF REPAYMENT |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| Total monthly or weekly repayments | | |

J

I think I can afford to pay

| |
|---|
| £ |
|---|

towards my weekly rent

DISCRETIONARY HOUSING PAYMENT (DHP)

Guidance Notes

Please read these notes before you fill in the application form. They will help you to give us the right information so that we can assess your DHP application as quickly as possible.

A NAME AND ADDRESS

Please make sure you give your name and address for which you wish to claim a DHP, as clearly as possible, using BLOCK CAPITALS.

Please also answer the other questions in this section as fully as possible.

B HOUSING BENEFIT AND/OR COUNCIL TAX BENEFIT

Please tell us if you need help with rent or council tax or both. To qualify for DHP you must already be receiving Housing Benefit or Council Tax Benefit.

C ARE YOU IN ARREARS?

Please give us details of any rent and/or Council Tax arrears and let us know what action (if any) has been taken to recover these.

If you are not in arrears, please tell us how you have managed to meet any difference between rent and/or Council Tax due and the benefit you receive from us.

D WHY IS THE ACCOMMODATION SUITABLE FOR YOU?

You need to tell us why the accommodation you live in is particularly suitable for you or a member of your family. For example, do you have any disabilities, which mean you need ground floor accommodation, or is your property adapted in some way? Do you need an extra room because you need a carer or because you have children who only stay with you at weekends? Is the accommodation the right size for you and your family? Do you need a lift or intercom for some reason? Please tell us if you have any physical or mental health problems which mean that where you live is particularly suitable for you or your household. Would you have difficulty in finding more suitable accommodation? If so tell us how your disability or ill health would affect this.

E HAVE YOU LOOKED FOR ALTERNATIVE ACCOMMODATION

Please tell us if you have tried to find alternative accommodation. Are you on the Housing Register? Have you discussed your housing options with our Housing Team?

F IS THE AREA PARTICULARLY SUITABLE FOR YOU?

Is it near your children's school and/or nursery? Are you near your family who provide you with support of some kind? Is it near a clinic or hospital that you attend on a regular basis? Do you need to live in a flat area because of your disability, and/or near to public services.

DISCRETIONARY HOUSING PAYMENT (DHP)

Guidance Notes

G CAN ANYONE ELSE HELP?

Can you get help from anywhere else? Family, friends, charities? If so for how long?

H FUTURE OR RECENT CHANGES

Please tell us about any recent or future changes which have made you ask for additional help. For example, if you are due to have a baby or have just had one, a recent bereavement, a relationship breakdown, moving home, someone leaving your household, etc.

I FINANCIAL ASSESSMENT FORM

Please complete these details as fully as possible. It may delay your claim if this is not completed. If you receive other benefits, please tell us if you have deductions for a Social Fund or loan.

J SIGNING THE FORM

Make sure you sign and date the form and if you have a partner, please make sure they sign it too. If someone has completed the form on your behalf please tell us why and get them to sign this section as well. If you are in financial difficulties or need help with moving, we may share this information with other sections of the Council.

HOW WE COLLECT AND USE INFORMATION

This authority is under a duty to protect the public funds it administers. We may check information that you provide, or information provided by a third party, with other information that we hold to check the accuracy of information; to prevent or detect crime; to protect public funds in other ways, within the law. We may also share this information with other Council departments or bodies administering public funds for these purposes. We will not disclose information about to anyone, unless the law allows us to.