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**Application for Discretionary Housing Payments (DHP)**

**Full Name ……………………………………………………………………………………………**

**Address………………………………………………………………………………………………**

**Post Code…………………………………….**

**Housing Benefit Reference ………………………………………………………………….**

**Your Telephone Number:**

**Your Email Address:**

*Please ensure that all the questions are answered as fully as possible*

1. Please confirm the name and dates of birth of every member of your household?

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| --- | --- | --- |
| Name | Date of Birth | Relationship to you |
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1. Have you claimed a DHP before? If the answer is yes, from which council did you claim and what was the outcome of your claim?

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1. Why are you asking for extra help with your rent?

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1. Is there any prospect of your financial position improving in the near future e.g. starting work, receiving an inheritance, an award of a social security benefit etc.?

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1. What is your connection with this area? E.g. lived here all your life, work, children at school, relatives in the area etc.

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1. Why did you move into the property you are claiming a DHP for?

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1. Were you able to afford the rent when you first moved in? (Please tick appropriate box below)

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| --- | --- | --- | --- | --- |
| **Yes** |  |  | **No** |  |

If yes, please tell us how you were able to afford it?

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1. What steps did you take to check the rent you would pay would be reasonable and not restricted before moving in?

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1. What steps have you taken to negotiate a rent reduction with your landlord?

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1. Have you considered, or tried, to move to cheaper accommodation? (Please tick appropriate box below)

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| --- | --- | --- | --- | --- |
| **Yes** |  |  | **No** |  |

If yes, please give details. If no, is there any reason why you could not move if you could find cheaper accommodation?

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How many bedrooms in your property?

How much notice would you have to give?

When does your current tenancy end?

Will you face eviction if your rent is not fully paid?

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1. Please list all details of income and expenditure you make. Any income or expenditure not named, please enter into the blank boxes.

**INCOME**

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| --- | --- | --- |
| **Type of income** | **Amount** | **Frequency e.g. weekly, monthly etc.** |
| **Wages/Salary - Self** | **£** |  |
| **Wages/Salary - Partner** | **£** |  |
| **Income from Self-Employment** | **£** |  |
| **Job Seeker’s Allowance** | **£** |  |
| **Income Support** | **£** |  |
| **Tax Credits** | **£** |  |
| **State Retirement Pension/Pension Credit** | **£** |  |
| **Private/Works Pension** | **£** |  |
| **Child Benefit** | **£** |  |
| **Employment and Support Allowance** | **£** |  |
| **Attendance Allowance** | **£** |  |
| **Disability Living Allowance/**  **Personal Independence Payment:**   * **Care** * **Mobility** * **Motability (car loan)** | **£**  **£**  **£** |  |
| **Carer’s Allowance** | **£** |  |
| **Contributions from Household Members** | **£** |  |
| **Rent from Lodgers and Tenants** | **£** |  |
| **Foster/Guardianship Payments** | **£** |  |
| **Universal Credit** | **£** |  |
| **Any other income** | **£** |  |
|  | **£** |  |

If you have children from a previous relationship, do you receive any maintenance payments for them?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Yes** |  | How much? | **£** | How often? |  |  | **No** |  |

If no, what steps have you taken to obtain maintenance payments?

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If you receive Universal Credit, please complete the section below:

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| Your date of birth:  Your National Insurance number:  Your partner’s date of birth:  Your partner’s National Insurance number: |
|  |
| Would you like us to pay Discretionary Housing Payments direct to your landlord? Yes/No  If you would like us to pay Discretionary Housing Payments direct to your landlord or agent, please provide your landlord’s or agent’s full name and address below:  If you would like us to pay Discretionary Housing Payments into a bank or building society account, please provide the account details in the table below. If you wish us to pay direct to your landlord, please complete the table below with the landlord’s bank details. If you are a Housing Association tenant, you will not need to complete this. |
| |  |  |  | | --- | --- | --- | | Bank Name | Sort Code | Account Number | |  |  |  | |
| Name of the account holder: |

**EXPENDITURE (EXCLUDING DEBTS)**

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| --- | --- | --- |
| **Type of Expenditure** | **Amount** | **Frequency e.g. weekly, monthly etc.** |
| **Mortgage Payments** | **£** |  |
| **Rent** | **£** |  |
| **Council Tax** | **£** |  |
| **Water Rates** | **£** |  |
| **Ground Rent/Service Charge** | **£** |  |
| **Building/Contents Insurance** | **£** |  |
| **Life Assurance** | **£** |  |
| **Pension** | **£** |  |
| **Gas** | **£** |  |
| **Electricity** | **£** |  |
| **Telephone:**  **Landline**  **Mobile**  **Mobile** | **£**  **£**  **£** |  |
| **Food & Toiletries** | **£** |  |
| **T.V. Licence** | **£** |  |
| **Sky/Cable** | **£** |  |
| **Internet** | **£** |  |
| **Maintenance Payments You Make** | **£** |  |
| **School Meals** | **£** |  |
| **Clothing** | **£** |  |
| **Laundry** | **£** |  |
| **Prescriptions** | **£** |  |
| **Childminding** | **£** |  |

**EXPENDITURE cont.**

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| --- | --- | --- |
| **Type of Expenditure** | **Amount** | **Frequency e.g. weekly, monthly etc.** |
| **Travel Expenses (Not Car Related)** | **£** |  |
| **Car Loan Repayments** | **£** |  |
| **Road Tax** | **£** |  |
| **MOT** | **£** |  |
| **Car Insurance** | **£** |  |
| **Petrol** | **£** |  |
| **Haircuts** | **£** |  |
| **Cigarettes** | **£** |  |
| **Drink** | **£** |  |
| **Entertainment** | **£** |  |
| **Holidays** | **£** |  |
| **Pets (food, insurance, vet bills etc.)** | **£** |  |
| **Other, please state** | **£** |  |
|  | **£** |  |
|  | **£** |  |

1. Do you have any debts or loans (including rent arrears, credit/debit cards, fines, HP, DWP debts etc)? If so, please give details of amounts outstanding and with whom.

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| **Amount** | **What is the Debt** | **Regular Amount Paid Towards the Debt** | **Date Debt Due to be Cleared** |
| £ |  |  |  |
| £ |  |  |  |
| £ |  |  |  |
| £ |  |  |  |
| £ |  |  |  |
| £ |  |  |  |
| £ |  |  |  |
| £ |  |  |  |
| £ |  |  |  |

1. Do you have any *regular* expenses due to disabilities not included in any headings in the previous table?

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| Amount | Frequency weekly, monthly, etc | Reason for the expense |
| £ |  |  |
| £ |  |  |
| £ |  |  |

1. Have you had any *one off* expenses due to disabilities, or are you expecting any in the near future? Please state the amount(s) and purpose(s).

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| --- | --- |
| £ |  |
| £ |  |
| £ |  |

1. Please give details of any savings or current accounts you and your partner possess and the amount currently in each account.

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| --- | --- | --- |
| **Name** | **Account Number** | **Amount** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |

1. Do you have any capital assets e.g. other property, stocks and shares, more than one car etc? Please give details.

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1. Are you a foster carer in between placements?

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| **Yes** |  |  | **No** |  |

If yes, please give the date of your last placement and the expected date of your next placement

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1. Is the application for assistance due to any non-dependant deduction we are making from your benefits entitlement? (Please tick appropriate box below)

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| **Yes** |  |  | **No** |  |

If yes, are there any reasons why the non-dependant cannot afford to cover the amount we are deducting?

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1. Do you have any friends or relatives with whom you could live?

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1. Are friends or family able to assist you financially? Please give details

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1. Has there been a death in your household within the last 12 months? How has this affected your situation, such as your income and your outgoings?

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1. Have you recently become separated or divorced? (Please tick appropriate box below)

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| --- | --- | --- | --- | --- |
| **Yes** |  |  | **No** |  |

If yes, please tell us the date this happened:

How has this affected your situation, such as your income and your outgoings?

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1. Do you, or any member of your family, have any disabilities or health problems? (please tick appropriate box below)

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| --- | --- | --- | --- | --- |
| **Yes** |  |  | **No** |  |

If yes, please state them:

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**(Please note: It would be helpful if you could provide documentary evidence from a medical practitioner to confirm any health problems stated above. We realise this is sensitive information but you will improve your chance of being successful in your application if we are aware of your situation).**

Does your medical condition, or that of a family member, mean you have to pay extra transport costs? (Please tick appropriate box below)

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| --- | --- | --- | --- | --- |
| **Yes** |  |  | **No** |  |

If yes, please give details

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Do you have extra laundry charges due to your medical condition, or that of a family member? (Please tick appropriate box below)

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| --- | --- | --- | --- | --- |
| **Yes** |  |  | **No** |  |

If you have any other expenses linked to your medical condition or that of a family member, please give full details and provide evidence where possible.

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1. Has your property been significantly adapted due to you or your family’s disabilities?

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| **Yes** |  |  | **No** |  |

If yes, please provide details and supporting documentation (for example invoices from your builder, plumber; letter from your social worker, occupational therapist, etc).

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1. Do you have any regular prescription charges? (Please tick appropriate box below)

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| --- | --- | --- | --- | --- |
| **Yes** |  |  | **No** |  |

If yes, please provide details and supporting documentation (for example a letter from your doctor or health visitor or repeat prescription list).

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1. Are you currently on the councils housing register? If not, please confirm why? If you are, please confirm whether your bidding number and whether you are actively bidding?

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1. Is there any other information you feel would help your claim for a DHP?

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| **Please provide us with the following documents:**   1. **Proof of your rent. This could be a tenancy agreement or a letter from your landlord.** 2. **Proof of any rent arrears you may have** 3. **If you receive Universal Credit, a screenshot from your journal. This should include the breakdown of your award and should clearly show the amount you have been awarded to cover your housing costs and any deductions being made from your Universal Credit.** |

**DECLARATION**

* + I declare that the information I have given on this form is true and complete.
  + I understand that if I give false or misleading information, you will not pay me discretionary housing payments.
  + I authorise the council to verify the information, where considered necessary.
  + I agree to inform the council at once of any changes in my financial circumstances, changes to the number of people in my household and changes to my rental payments and any other changes, which would affect my entitlement to discretionary housing payments.
  + I understand that the council may use the information given on this form to prevent and detect fraud.
  + If I try to fraudulently claim discretionary housing payments by falsely declaring my circumstances, providing a false statement or evidence in support of my application, I may have committed an offence under the Fraud Act 2006. Where it is suspected that such a fraud may have occurred, the matter will be investigated as appropriate and this may lead to criminal proceedings being instigated.
  + I have read and understood this declaration.

**Signature Date**

The council take data protection seriously and to find out what we do with your personal data and your rights over your data please read our service area specific privacy notice “Housing benefit, council tax reduction and discretionary housing payment” and information about privacy notices which can be found at <https://www.whitehorsedc.gov.uk/vale-of-white-horse-district-council/about-the-council/privacy/>

**Once completed you can email this form to** **[vowh.benefits@secure.capita.co.uk](mailto:vowh.benefits@secure.capita.co.uk) or alternatively post it to Vale of White Horse District Council, Benefits Section, PO Box 880, Erith, Kent, DA8 1UN**

**Alternative formats**

‘You can get our DHP application in alternative formats, upon request. These include large print, Braille, audio cassette, computer disk and email.

Please contact the Benefits Department.

(     ***0345 302 2315***

:    [**vowh.benefits@secure.capita.co.uk**](mailto:vowh.benefits@secure.capita.co.uk)