

Discretionary Housing Payment (DHP) Housing cost Application Form for applicants getting Universal Credit with Housing Costs

You may be able to get help with some housing costs such as Deposits, Rent in advance, Removal costs or other lump sum costs associated with moving into a new home if:

- You already receive Universal Credit with Housing Costs
- You are experiencing financial difficulties

It is important that you give as much information as possible. If you do not answer all the questions fully, it will mean that there could be a delay in us being able to make a decision about whether we can help with your rent deposit. We may also need to visit you, interview you, or write to you for more information about your answers.

Please do not contact us for eight weeks from when you send the completed form back to the Council; this is to allow enough time to process your claim.

1. Full name

| |
|----------------------------|
| |
| National Insurance Number: |

2. Current address and post code

| |
|--|
| |
|--|

3. New address and post code for which you wish to claim a Discretionary Housing Payment rent deposit

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4. Please give details of the Housing costs you need help with? For example moving costs, deposit (provide any estimates you have received)

| |
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|--|

5. How much Discretionary Housing Payment do you need to cover each of these Housing costs? (please give details each Housing cost)

| |
|---|
| £ |
|---|

6. Are you currently in receipt of Universal Credit?

Yes

No

If answering 'Yes' to question 6, please provide your latest Universal Credit award letter with your fully completed application.

If you currently receive Universal Credit, we may need to contact the Department for Work and Pensions information about your Universal Credit award. By signing at the end of this application, you are giving your consent for us to do this.

Do you have a partner who lives with you?

Yes No

If yes:

What is their full name?

What is their date of Birth?

What is their National Insurance number?

Does anyone else other than your partner (if applicable) live with you?

Yes No

If **YES**, complete the box below – please include any children

| Name | Date of Birth | Relationship to you | Student / Training Scheme / Apprentice Please state which | Details of income (please provide proof) | If working, state the number of hours worked each week |
|------|---------------|---------------------|--|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Are any of the above (*other than your partner and yourself*) married or living together as a couple

Yes No

If **YES**, please give their names

If you have children living with you for some of the time, please give their name(s) and details of when they stay (if Social Services are involved please give as much detail as possible).

7. Why are you moving house? (please give all the reasons)

8. Are you affected by one of the following (tick all that apply)?

- The benefit cap
- Under-occupation in the social rented sector
- None of these
- Not Sure

9. If you are moving because you cannot afford the rent, state how much your rent is and how much Universal Credit you receive each month

Current rent (monthly) £ Universal Credit (monthly) £

New rent (monthly) £

10. Have you asked your current landlord to reduce your rent? Yes No

If yes, what was the decision?

If no, why haven't you asked?

11. Do you have rent arrears? Yes No

If yes, how much do you owe? £ How many weeks is this for?

12. Have you been given notice to leave, or quit your current home? Yes No

13. Did you pay a deposit when you started renting your existing home? Yes No

If yes, how much do you expect to receive back? £

14. Have you applied for, or been paid a DHP at any other Local Authority for any of the Housing costs you have detailed above

Yes

No

If yes, tell us which Local Authority this was

15. Is there a family member, or a friend who could help you move or pay these Housing costs?

Yes

No

If yes, let us know how much they could pay

16. Do you have someone in your family who has extra costs because they have a disability, or are sick?

Yes

No

If yes, please tell me their name/s, how much the costs are and what they are used for

17. Do you have any additional expenses because you work, such as travel costs?

Yes

No

If yes, please state how much the costs are, where you travel to and what the expenses are

Will moving to your new home reduce your travel expenses to work?

Yes

No

If yes, please state how much the costs will reduce by

£

Is this weekly or monthly?

18. Will the move give you more opportunity to find work?

Yes

No

If yes, in what way will your chances of finding work improve?

19. Do you have any belongings that you could sell to help with these costs?

Yes

No

Non-Dependants

Most non-dependants who are aged 18 or over will usually be expected to make some contribution towards the housing costs. Your Universal Credit will be reduced to take account of this.

If there are non-dependent adults living with you, how much can they afford to pay towards the rent? £

Please provide your non-dependants' income for the last two months.

Please explain what financial help your non-dependant gives you. For example, does he or she help with any of the bills and / or pay for any of the food? If they are not making a contribution, explain why they are not.

20. Use the space below to tell us anything else you think we should know about your situation that will help us make a decision.

21. Please complete the attached income and expenses form.

If we award a Discretionary Housing Payment for a deposit or Rent in advance, this will be paid to your new landlord. Please give their details below:

Landlord's name

Landlord's address

Landlord's Bank/Building Society account details:

Sort Code

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Account Number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Building Society Roll Number

Name account held in

Declaration

I am asking for help with housing costs, as I am experiencing financial hardship.

As far as I know, the information I have given is correct. I understand the information provided will be used for the Council to carry out and perform its statutory duties. It may also be shared with internal departments and external partners for this purpose and may be used for the prevention and detection of crime. We will not give information about you to anyone else, unless the law allows us to.

I will notify you immediately if my circumstances change. I agree that if a deposit is paid by the Council and later returned to me, by the landlord, I will repay it to the Council.

Signature

Date

Claim ref:

Statement of Income and Expenditure

Please complete this form. It will help us decide if we can give you any extra help with your rent and/or Council Tax. Please give as much information as you can. You must provide proof of your income and expenditure.

Income Details (Please say if the income is weekly, monthly or quarterly)

| | Your Income £ | Your Partner's Income £ |
|--|--------------------------|------------------------------------|
| Universal Credit | | |
| Child Benefit | | |
| Other benefits including Attendance Allowance, Disability Living Allowance, Invalid Care Allowance ** | | |
| State Pension | | |
| Other pensions | | |
| Take home pay | | |
| Maintenance payments | | |
| Student grant | | |
| Rent paid by lodgers | | |
| Other income | | |
| Total | | |
| Savings | | |
| | | |
| | | |

** If you and/or your partner is disabled and pay someone to help you do the things you cannot do for yourself, make sure you put these expenses on the expenditure form attached in the box marked 'Other'.

Now complete the expenditure form.

Claim Ref:

Expenditure details (say if the expense is weekly, monthly or quarterly)

| Item of Expenditure | Amount of Expense £ | Details of Expense |
|---|------------------------|--------------------|
| Rent | | |
| Council Tax | | |
| Housekeeping/food | | |
| Food – special diet | | |
| School meals | | |
| Clothing | | |
| Gas | | |
| Electricity | | |
| Water | | |
| TV Licence | | |
| TV – (Sky, Virgin etc.) | | |
| Telephone | | |
| Tobacco/Alcohol | | |
| Insurance (Life/Home etc.) | | |
| Hire Purchase | | |
| Loans | | |
| Credit cards | | |
| Court Orders/fines | | |
| Council tax arrears | | |
| Rent arrears | | |
| Work expenses | | |
| Maintenance payments | | |
| Child care costs | | |
| Payments to Benefits Agency | | |
| PEP, personal pension, annuity | | |
| Other exceptional/unavoidable (please give details of what these are) | | |

Please tell us if any of your debts will be paid off within the next 12 months and what these debts are.

Declaration: As far as I know this information is correct.

Signature

Date

If there is any other information you think we should take into account, please put it on a separate sheet and return it with this form.