

Discretionary Housing Payments

# Application form

## Qualifying Benefit

Please confirm which of the following you’re currently receiving?

Housing Benefit Universal Credit Housing Costs

## About you

| **Question** | **Your answer** |
| --- | --- |
| Your name |  |
| Your national insurance number |  |
| Your date of birth |  |
| Your current address |  |
| Your current postcode |  |

## Your contact details

| **Question** | **Your answer** |
| --- | --- |
| Your email address |  |
| Your home phone number |  |
| Your mobile phone number |  |

## Your agent / landlord’s contact details

| **Question** | **Your answer** |
| --- | --- |
| Agent name |  |
| Company name |  |
| Email address |  |
| Office number |  |
| Mobile number |  |

## Please confirm the number of people in your household.

| **Name** | **Relationship to you** | **Date of Birth** | **Gender** | **Lives with you?** |
| --- | --- | --- | --- | --- |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |

## Your bank details

If your application for DHP is successful we may require your bank details to make payments

| **Question** | **Your answer** |
| --- | --- |
| Bank name |  |
| Name on account |  |
| Bank account number |  |
| Sort Code |  |

## Your savings

Bank accounts, savings and capital – please list all capital / bank accounts you / your partner hold

| **Account held with**  | **Account number** | **Balance** |
| --- | --- | --- |
|  |  | £ |
|  |  | £ |
|  |  | £ |

## Type of accommodation

| **Question** | **Your answer** |
| --- | --- |
| Shared Accommodation (private) |  |
| Private landlord (self-contained) |  |
| Social Landlord |  |
| Council Tenant |  |
| Number of bedrooms in your property |  |

## Do you or any member of your household have any health problems or special circumstances that are relevant to you applying for assistance?

If so, please give details.

## Are you currently receiving any independent money advice?

If so please specify who from.

## Have you contacted Exeter City Council’s housing options team regarding your housing situation?

If so please provide your housing officers name?

## About your tenancy

| **Question** | **Your answer** |
| --- | --- |
| How much notice is required to end your tenancy? |  |
| When is your tenancy due to end? |  |
| Can you leave your tenancy without financial penalty? |  |

## Complete this page if you’re applying for help with a deposit or rent in advance

## Please explain your reasons for requesting assistance a DHP

Why you need to vacate your current address and why the new accommodation is suited to your needs.

## The proposed new property details

| **Question** | **Your answer** |
| --- | --- |
| Address |  |
| Postcode |  |
| Number of bedrooms |  |

| **Rent charged** | **Rent frequency** | **Tenancy start date** | **Move in date** |
| --- | --- | --- | --- |
|  |  |  |  |

## Your agent / landlord’s bank details

| **Question** | **Your answer** |
| --- | --- |
| Bank name |  |
| Name on account |  |
| Bank account number |  |
| Sort Code |  |

## If you would prefer us not to contact your landlord please explain why?

## Complete this page if you are applying for assistance with rent arrears or topping up your rent.

## Please explain briefly why you are requesting extra help through DHP.

## Is there any particular reason why this property is suited to your needs, or those of your household?

If the answer is ‘yes’, then please give full details.

## Are you considering moving to smaller accommodation?

If so, what steps are you taking?

## If you require an extra bedroom please explain why here?

(Disability, medical equipment, overnight carer)

## Were you able to afford the rent when you moved in?

Yes / No

## Your household income and expenditure

| **Income** | **Weekly** | **Monthly** | **Expenditure** | **Weekly** | **Monthly** |
| --- | --- | --- | --- | --- | --- |
| Housing Benefit |  |  | Mortgage or Rent |  |  |
| Council Tax Support |  |  | Second mortgage  |  |  |
| Universal Credit |  |  | Ground rent/service charges |  |  |
| Wages |  |  | Council Tax |  |  |
| Statutory Sick Pay |  |  | Building insurance |  |  |
| Statutory Maternity / Paternity |  |  | Contents insurance |  |  |
| Universal Credit |  |  | Life insurance/endowments |  |  |
| Maternity Allowance |  |  | Food |  |  |
| Statutory Adoption Pay |  |  | Electricity  |  |  |
| Working Tax Credit |  |  | Water  |  |  |
| Child Tax Credit |  |  | Gas  |  |  |
| Child Benefit |  |  | Oil/Wood/Coal |  |  |
| Child Maintenance Payments |  |  | Telephone (land line) |  |  |
| Income Support |  |  | Telephone (mobile) |  |  |
| Jobseekers Allowance |  |  | Internet |  |  |
| Incapacity Benefit |  |  | TV licence |  |  |
| Disability Living Allowance |  |  | Satellite/Cable |  |  |
| Severe Disablement Allowance |  |  | Public transport |  |  |
| Attendance Allowance |  |  | Car Tax |  |  |
| Carer’s Allowance |  |  | Car servicing / maintenance |  |  |
| Pension Credit |  |  | Car insurance |  |  |
| State Retirement Pension |  |  | Car fuel costs |  |  |
| Occupational Pension |  |  | School meals |  |  |
| Guardian’s Allowance |  |  | School transport costs |  |  |
| Industrial Injuries Benefit |  |  | School uniform |  |  |
| Retirement Allowance |  |  | Child Maintenance Payments  |  |  |
| Widowed Parent’s Allowance |  |  | Toiletries |  |  |
| Bereavement Allowance |  |  | Household goods / cleaning  |  |  |
| Student Grant |  |  | Newspapers/Journals |  |  |
| Student Loan |  |  | Laundry costs |  |  |
| Charitable Payments |  |  | Prescriptions / Health costs |  |  |
| Other income |  |  | Clothing |  |  |
| Other Income |  |  | Pet food |  |  |
| Other income |  |  | Pet insurance |  |  |
| Other Income |  |  | Veterinary fees |  |  |
| Other income |  |  | Other expenditure not listed |  |  |
| Other Income |  |  | Other expenditure not listed |  |  |
| Total income |  |  | Total Expenditure |  |  |

## How do you pay for your energy costs? (Gas, electric)

| **Question** | **Your answer** |
| --- | --- |
| Billed monthly |  |
| Pre-payment key / card |  |

## Do you have any expenditure that you feel is unusual?

(If so, please give details)

## Please tell us about any arrears and debts that you have.

| **Type of debt**  | **Total amount remaining** | **Repayments** | **Frequency** |
| --- | --- | --- | --- |
|  | £ | £ |  |
|  | £ | £ |  |
|  | £ | £ |  |
|  | £ | £ |  |
|  | £ | £ |  |
|  |  |  |  |

## What long-term action are you taking to help your problem in meeting your housing costs?

## If you have already received an award of DHP which is ending, and you are re-applying because you still need help with your housing costs, please tell us what action you have taken during the period of your previous award, to help your situation.

## Please give us any extra information that you feel might help us. If you have to use a separate sheet of paper, please remember to sign and date any extra sheet you use, and keep it with this form.

## Declaration

*I declare that the information that I have given on this form is true and complete.*

*I authorise the Council to make any enquiries that it considers necessary in connection with this application, and I undertake to notify the Council immediately, in writing, of all changes in the personal and financial circumstances of myself, and members of my household.*

*I am aware that it is an offence to deliberately make a false statement, or to withhold material information, in order to obtain a Discretionary Housing Payment, and that to do so, could result in my being prosecuted under the Social Security Administration Act 1992, or the Thefts Acts 1968 and 1978.*

*I also undertake to repay to the Council any overpayment of a Discretionary Housing Payment that is determined to be recoverable.*

I have read the above declaration, or someone has read it to me.

## I confirm that I understand the declaration.

Your signature: Date:

## If you have completed this form on behalf of the claimant

Please complete the following

| **Question** | **Your answer** |
| --- | --- |
| Your name |  |
| Your relationship with the claimant |  |
| Your signature |  |
| Date |  |

## Optional: Please give us any extra information that you feel might help us. If you have to use a separate sheet of paper, please remember to sign and date any extra sheet you use, and keep it with this form.