OFFICE USE ONLY Office stamp:

Claim No:

**DHP Application Form**

**Name**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address** |  | | |
|  | | |
|  | **Post code** |  |

**Your contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| **E-mail address** |  | | |
| **Home phone number** |  | **Mobile phone**  **number** |  |
| **Work phone number** |  | **Best time to call you** |  |

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

Have you tried to negotiate a lower rent with your landlord? (If the answer is ‘yes’, then please advise as to the result. If ‘no’, then please tell us why not.)

Have you tried to find less expensive accommodation? (If the answer is ‘yes’, then please advise as to the result. If ‘no’, then please tell us why not.)

Is there any particular reason why this accommodation is suited to your needs, or those of your household? (If the answer is ‘yes’, then please give full details)

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

Do you or any member of your household have any health problems? (If so, please give details)

Please describe any special circumstances that apply to you or members of your household, giving the date when they started, and if possible, a date that they might end.

Do you have any expenditure that you feel is unusual? (If so, please give details)

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

Do you have any capital that you could use to make up the shortfall?

If you have other debts to pay, have you sought advice on how to clear the debts?

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 tell us about the income, from all sources, of all members of your household.

|  |  |
| --- | --- |
| **Type of income** | **Weekly amount** |
| Housing Benefit | £ |
| Council Tax Benefit | £ |
| Wages | £ |
| Statutory Sick Pay | £ |
| Statutory Maternity Pay | £ |
| Maternity Allowance | £ |
| Statutory Paternity Pay | £ |
| Statutory Adoption Pay | £ |
| Working Tax Credit | £ |
| Child Tax Credit | £ |
| Child Benefit | £ |
| Child Maintenance Payments | £ |
| Income Support | £ |
| Job Seekers Allowance | £ |
| Incapacity Benefit | £ |
| Disability Living Allowance | £ |
| Severe Disablement Allowance | £ |
| Attendance Allowance | £ |
| Carer’s allowance | £ |
| Pension Credit | £ |
| State Retirement Pension | £ |
| Occupational Pension | £ |
| Guardian’s Allowance | £ |
| Industrial Injuries Disablement Benefit | £ |
| Constant Attendance Allowance | £ |
| Reduced Earnings Allowance | £ |
| Retirement Allowance | £ |
| Widowed Parent’s Allowance | £ |
| Bereavement Allowance | £ |
| Student Grant | £ |
| Student Loan | £ |
| Charitable Payments | £ |
| Other income | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **TOTAL** | **£** |

Please tell us about your weekly expenditure.

|  |  |
| --- | --- |
| **Type of expenditure** | **Weekly amount** |
| Mortgage or Rent | £ |
| Second mortgage or secured loan | £ |
| Other loan | £ |
| Ground rent/service charges | £ |
| Council Tax | £ |
| Building insurance | £ |
| Contents insurance | £ |
| Life insurance/endowments | £ |
| Food | £ |
| Electricity | £ |
| Water | £ |
| Gas | £ |
| Oil/Wood/Coal | £ |
| Telephone (land line) | £ |
| Telephone (mobile) | £ |
| Internet | £ |
| TV licence | £ |
| Satellite/Cable | £ |
| Public transport | £ |
| Car tax/servicing/MOT/maintenance | £ |
| Car insurance | £ |
| Car fuel costs | £ |
| School meals | £ |
| School transport costs | £ |
| School uniform | £ |
| Child Maintenance Payments | £ |
| Toiletries | £ |
| Household goods/Cleaning materials | £ |
| Newspapers/Journals/Stationary/Stamps | £ |
| Laundry costs | £ |
| Prescriptions/Medications/Health costs | £ |
| Clothing | £ |
| Pet food | £ |
| Pet insurance | £ |
| Veterinary fees | £ |
| Catalogues | £ |
| Credit card repayments | £ |
| Store card repayments | £ |
| Bank charges | £ |
| Other | £ |
|  | £ |
|  | £ |
| **TOTAL** | **£** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of debt** | **Total amount**  **owed** | **Payments negotiated to**  **pay off debt** | **Please state if payments**  **are weekly or monthly** |
| Rent Arrears |  |  |  |
| Mortgage Arrears |  |  |  |
| Secured Loan Arrears |  |  |  |
| Loan Arrears |  |  |  |
| Council Tax Arrears |  |  |  |
| Gas Arrears |  |  |  |
| Electric Arrears |  |  |  |
| Water Arrears |  |  |  |
| Maintenance Arrears |  |  |  |
| Fines |  |  |  |
| Telephone Arrears |  |  |  |
| TV/Internet Arrears |  |  |  |
| **TOTAL** | **£** | **£** |  |

Please use this table to tell us about any other debts that you might have.

|  |  |  |  |
| --- | --- | --- | --- |
| **Fill in name of Creditor** | **Total amount**  **owed** | **Payments negotiated to**  **pay off debt** | **Please state if payments**  **are weekly or monthly** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| **TOTAL** | **£** | **£** |  |

If your bank account is in overdraft, please give the amount here £

**Extra information**

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.

The Council’s Housing Options and Homelessness Prevention teams may also be able to help you.

|  |  |  |
| --- | --- | --- |
| Would you like them to? |  | |
| Help to negotiate a lower rent with your landlord?  Assist you with money advice? | Yes  Yes | No  No |
| Help you find alternative accommodation? | Yes | No |

**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 deemed to be recoverable.

I understand that Exeter City Council is under a duty to protect the public funds it administers, and

to this end, may use information I provide for the prevention and detection of crime. It may also share this information with other bodies responsible for auditing or administering public funds, who may in turn share the information with organisations including credit reference agencies, to check the accuracy of the information, prevent or detect crime and to protect public funds

**I have read the above declaration, or someone has read it to me. I confirm that I understand the declaration.**

**Claimants Signature** Date: / /

IF SOMEONE ELSE HAS FILLED OUT THIS FORM FOR YOU, YOU MUST FILL IN THE FOLLOWING: -

|  |  |
| --- | --- |
| Name of the person who filled in the form: Their signature:  Their relationship to you: |  |
|  |
|  |

**What you need to do next**

Please check that:

You’ve answered all questions

You’ve signed and dated the form

If someone else has completed the form for you, that you’ve given us their details.

Next, either hand the form in at the Customer Service Centre or send it to us at the address below.

The Customer Service Centre, and our telephone lines, are open Monday to Friday from 8:30 am to 5:00 pm

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone** | (01392) 265440 | **Fax** | (01392) 265588 |
| **To book a home visit** | (01392) 265807 | **E-mail** | housing[.benefit@exeter.gov.uk](mailto:benefit@exeter.gov.uk) |

By post to:

**Freepost RLZK-YKLG-BSEX Exeter City Council,**

**HB/CTB Office,**

**Civic Centre, Dix’s Field, Exeter, EX1 1JW**

*(This is a freepost address, so you don’t need to use a stamp)*

**If you require this document in large print, please contact us on (01392) 265440**



[www.exeter.gov.uk/benefits](http://www.exeter.gov.uk/benefits) March 2011