

Application for Discretionary Housing Payment

Name:

Address:

For Office Use Only

Date of Issue:

Date of Receipt:

Benefit Claim Cross Ref#:

Please read the following pages carefully

To apply for Discretionary Housing Payments you must:

1) Be in receipt of either:

- The housing element of Universal Credit
- Or Housing Benefit

AND

2) Require assistance in at least one of the following areas:

- Spare room reduction ('Bedroom tax')
- Benefit received for housing does not cover rent charged
- Rent-in-advance
- Removal/moving costs
- Benefit cap
- Rent arrears (in certain circumstances)

Discretionary Housing Payments may be for, but are not limited to the above.

If you have any queries please contact the benefits team:

01993 861030

benefits@westoxon.gov.uk



**WEST OXFORDSHIRE
DISTRICT COUNCIL**

Application for Discretionary Housing Payment

DHP guidance:

Discretionary Housing Payments cannot be awarded for charges relating to Council Tax, heating, lighting, water, sewerage, meals, laundry or any other day-to-day expenses.

It is unusual to be granted any long term periods of these payments, and funding is not generally awarded retrospectively or for past periods unless something prevented you from applying earlier.

Discretionary Housing Payments are usually awarded as a temporary measure to give the applicant time to improve their situation, for example:

- Seek cheaper alternative accommodation
- Negotiate a lower rent and/or improve their circumstances.
- Reducing non-essential expenses
- Claiming other benefits you may be entitled to
- Manage debts

Supporting evidence:

You have the following:	Evidence required:	Provided?
Universal Credit	Universal Credit Award & Full Breakdown	
Rent Arrears	Up to date Rent Statement / Copy of letters regarding legal action.	
Removal Costs	3 Quotes from removal companies.	
Capital (Bank) Account	Please supply 2 Months Bank Statements for ALL Capital Accounts.	
Deposit / Rent in Advance requirement	Please supply evidence from Landlord of the amount required.	



**WEST OXFORDSHIRE
DISTRICT COUNCIL**

Part 1 – Personal Details

You

Your Partner

Title: Mr Mrs Miss Ms

Title: Mr Mrs Miss Ms

Forename:

Forename:

Surname:

Surname:

Other
Names:

Other
Names:

Date of
Birth:

DD	MM	YYYY
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Date of
Birth:

DD	MM	YYYY
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National
Insurance
Number:

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National
Insurance
Number:

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Phone:

Email:

Note: We will contact you to obtain further information to support your application.

Other 1

Other 2

Other 3

Title:

Title:

Title:

Forename

Forename

Forename

Surname:

Surname:

Surname:

National Insurance Number:

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National Insurance Number:

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National Insurance Number:

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Date of
Birth:

D	M	YY
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Date of
Birth:

D	M	YY
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Date
of

D	M	YY
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Please use the space below to inform us of anyone else currently living with you, or normally lives with you but is currently residing elsewhere. Please include their key details (Name, date of birth, etc.).

Part 2 – Reason for Applying

Additional Bedroom Reduction

Rent exceeds benefit maximum

Subject to Benefit Cap

Non Dependent Deductions

Personal Circumstances

Rent in Advance

Removal costs

Rent Shortfall Shortfall amount: £

Date you wish to apply for Discretionary Housing
Payment:

DD

MM

YYYY

Please use the space provided below to provide additional information for why you have applied for Discretionary Housing Payment from the date above.

Please note: if you wish to apply for a shortfall due to the level of household income, you must establish exceptional circumstances and/or excessive costs providing the reasons for why this is the case.

Part 3 – Property and Rental Details

Please complete your Landlord details below:

Housing Association/Landlord Name:

Address:

Phone:

Email:

Date moved in to the property:

DD	MM	YYYY
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How much is your rent?

£

Weekly

Monthly

Could you afford the rent when you first moved in? Yes

No

Is your rent in arrears? Yes

No

If Yes, What are the current rent arrears - £

You must provide your up to date rent statement

Is your landlord your employer? Yes

No

Are you related to your Landlord? Yes

No

Relationship:

Have legal proceedings been started? Yes

No

If yes, provide details and evidence (E.g. Warrant for Possession)

Are there Rent free/Non-payment weeks? Yes No

If yes, provide details.

Are you jointly liable to pay the rent? Yes No

If yes, provide the Joint tenants full name:

What is your share of the rent?

%

What is their share of the rent?

%

How much do you pay?

£

How much do they pay?

£

Do you use your home for business purposes? Yes No

If yes, provide details.

Part 4 – Health and Well-being

Is there an overnight carer/disabled child that is unable to share a bedroom?

Yes No

You may need to make enquiries to ensure that your Housing Benefit/Housing Element from Universal Credit has a decision on why these circumstances have not previously been taken into account, and should provide details of any outcome.

Has your property been adapted for a current disabled member of your family?

Yes No

If yes, please explain in the space below:

Are you a registered Foster Carer? Yes No

If yes, what is the registration number:

Are you on Homeseeker Plus? Yes No

Do you or any member of the household have any disabilities or health problems? If so, please give details below:

Part 5 – Household Income

Please complete the table below indicating all income from all members of your household.

<u>Income type</u>	<u>Name of recipient</u>	<u>Amount (£)</u>	<u>Frequency</u>
<u>Your Earnings from Employment</u> <input type="text"/> Hours	X		
<u>Partners Earnings from Employment</u> <input type="text"/> Hours	X		
<u>Other occupants Earnings from Employment</u> <input type="text"/> Hours			
<u>Universal Credit (UC)</u> <u>Please supply the latest award and full breakdown.</u>			
<u>Employment Support Allowance (ESA)</u>			
<u>Job Seekers Allowance (JSA)</u>			
<u>Income Support (IS)</u>			
<u>Bereavement Support Allowance</u>			
<u>State Retirement Pension</u>			
<u>Private/Company Pension</u>			
<u>Income from Rent/ Subtenant/Boarder</u>			
<u>Pension Credit (Guarantee/Savings)</u>			
<u>Maternity Allowance</u>			
<u>Student Loan/Grant/Bursary</u>			

Part 5 – Household Income (Continued)

<u>Income type</u>	<u>Name of recipient</u>	<u>Amount (£)</u>	<u>Frequency</u>
<u>Child Benefit</u>			
<u>Maintenance</u>			
<u>Foster Child/Adoption/Guardians Allowance</u>			
<u>Child Tax Credits</u>			
<u>Working Tax Credits</u>			
<u>DLA/PIP – Care</u>			
<u>DLA/PIP – Mobility</u>			
<u>Attendance Allowance</u>			
<u>Carers Allowance</u>			
<u>Please indicate even if Nil due to other income.</u>			
<u>Severe Disability Allowance</u>			

If you have any other income/benefits (E.g. Widows benefit) please complete the table below, indicating what they are, how much they are, and if it is contributions from others, who it is received from.

<u>Income Type</u>	<u>Name of Recipient</u>	<u>Amount (£)</u>	<u>Frequency</u>

If **anyone** has nil income, please indicate in the box below and explain why it is nil.

Part 6 – Savings and Investments

Do you and your partner jointly hold savings/capital/investments in excess of £3000 Yes No

You must complete the table below even if you have accounts which have Nil balance. We will ask for supporting evidence of at least 2 Months Bank Statements (including transactions) for all accounts.

<u>Bank Account Number</u>	<u>Who it's with (E.g. Lloyds)</u>	<u>Current Balance (£)</u>

Please use the space below to tell us about any other forms of Savings/Capital that you hold, this may include:

Building Societies
Stocks and shares

Paypal accounts
Other property

Post Office accounts
Any other capital.

Part 7 – Household Expenditure

<u>Expenditure</u>	<u>Amount</u>	<u>Expenditure Frequency</u>	
<u>Rent</u>	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>Mortgage</u>	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>Council Tax</u>	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>Electricity</u>	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>Water Rates</u>	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>Gas</u>	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>Household Insurance</u>	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>Other Insurance</u> Please Specify:	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>TV License</u>	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>Cable/Satellite TV</u>	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>Phone</u> (Landline) Date Contract Ends:	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>Broadband</u> Date Contract Ends:	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>Mobile Phone</u> Date Contract Ends:	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>Court Fines</u>	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>
<u>Child Support</u>	£	Week <input type="checkbox"/>	Calendar Month <input type="checkbox"/>

Part 8 – Financial History

Have you received any other financial assistance to assist with your debt/arrears?

Yes No

If yes, please provide the source of this assistance, and the amount provided:

£

Are you or any member of your household owed money?

Yes No

If yes, please provide the source, and the amount expected:

£

Are there any deductions from benefits by the Department for Work and Pensions?

Yes No

Part 9 – Moving to another Property

Are you moving to another property and need help with your Removal costs?

Yes No

If No, proceed to Part 10.

If Yes, Please specify the reasons as to why you are moving/need to move.

Please State the address of your new Property:

Name of New Landlord:

Rent charged: £

frequency:

Sign up date:

Planned Moving Date:

DD	MM	YYYY
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What are your removal costs?

£

Note: Please provide evidence of three reasonable quotes. The lowest of these will be considered.

Part 10 – Rights to Sharing Information

In order for us to help you as much as we can, we may need to obtain relevant details from people to whom you have given information in confidence, including, but not limited to the following:

- Support workers and/or your social worker

Name: _____ Contact number: _____

- Landlords or mortgage lender
- Employers and/or previous employers
- HMRC
- Job Centre Plus
- Citizens Advice Bureau
- Age UK
- Utility companies
- Your G.P's and/or other local health services
- Your Local District Council's Housing Services.

If you are happy for us to approach such bodies, please sign the statement below.

Please be aware that if you do not grant us permissions this may affect the time taken to process your application.

Granting rights to share information

I hereby give my consent to the Revenues and Benefits Service provided by Publica on behalf of the Cotswold District Councils to obtain information held about me for the purpose of assessing my application.

Print Name

Signature

Part 11 – Additional Information

Please add any additional information we may need to be aware of:

Part 12 – Payment Information

Please provide Bank/Payment details to enable us to pay Discretionary Housing Payment in the event it is awarded. Please note we are unable to make payments to Post Office Accounts:

Who would you like any payment to go to:

You

Your Landlord

Account Name:

Bank or Building Society:

Sort Code: - -

Account Number:

If your Landlord is a registered Housing Association, we are already likely to hold payment information for them.

Rent Account Reference:

Part 14 – Data Protection Rights

We will only use your personal information gathered for the specific purposes of assessing Discretionary Housing Payment.

We will not give information about you to anyone else or use information about you for any other purpose, unless the law allows and requires us to.

Further privacy information can be found below:

<https://www.westoxon.gov.uk/support/privacy-and-data/service-privacy-notice/benefits-privacy-notice/>

Part 13 – Declaration

Please read this section carefully before signing.

To deliberately give false information may result in prosecution

I declare that all the information that I have provided on this claim form is true and complete.

I understand that any of the information supplied on my Housing Benefit form may be used in respect of this application.

I will notify the Council immediately if any of the information supplied on this form changes.

I am aware that if I fail to notify you of a change I may have to repay any money I am not entitled to receive.

Claimants Signature: **Date:**

Partners Signature: **Date:**

If this form has been filled in by someone other than the person claiming please complete the section below:

Name of the person who filled in this form:

Relationship to the person claiming:

Do you have power of attorney/are you the customer's appointee?
Yes No

Please indicate why you are completing this for the claimant:

Declaration: I have confirmed with the person claiming that the answers I have written on this form are correct and that the declaration above has been read by or to them.

Signature of person completing form:

Date:

Part 14 – Consider Council Tax Support

If you are struggling with your finances, and you have less than £16000 in capital, you may be eligible for Council Tax Support. Council Tax Support can reduce the amount of Council Tax that you are charged by assessing your income and capital. It is not a certainty that you will qualify for support, but this may be in your interest.

If you wish to apply for Council Tax Support, please contact the benefits team for your Council in the table provided below.

Please return your scanned form via email, post, or by visiting your respective council:

West Oxfordshire District Council

Town Centre Shop
3 Welch Way
Witney
OX28 6JH

For Other Office locations please refer to:

<https://www.westoxon.gov.uk/support/contact-us/>

9:30am to 4:30pm
Monday to Friday

Visitor Information Centre also open Saturday 9.30am - 4.30pm

Main Switchboard: 01993 861000

Benefits: 01993 861030
benefits@westoxon.gov.uk