

Discretionary Housing Payments

Changes to the Housing Benefit scheme, or your personal circumstances, may mean that you have a shortfall between your Housing Benefit award and your rent that you cannot afford to pay. The Discretionary Housing Payments Scheme (DHP) is available to people who already get some Housing Benefit to help meet this shortfall. DHP is not a benefit payment and cannot be guaranteed, but you may be able to receive some extra help towards your rent. If you would like to see if you can get some extra help, please complete this application form giving as much detail as you can.

If you need help to complete this form, please contact us on 01656 643396.

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| **Part 1 – Details of the person claiming Housing Benefit** | | | | | | | | |
|  | | | | | | | | |
| Your full name | |  | | | Your claim number |  | | |
|  | |  | | |  |  | | |
| Your address | |  | | | | | | |
|  | |  | |  | | |  | |
| Your telephone  number | |  | | Your date of birth or National Insurance number | | |  | |
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| **Part 2 – Your reasons for applying for a DHP** | | | | | | | | |
|  | | | | | | | | |
| Please tell us why you are applying for a DHP? (please tick) | | | | | | | | |
|  | | | | | | | | |
|  | * My benefit has reduced because I am classed as having a spare bedroom | | | | | | | ☐ |
|  | * I am affected by the benefit income cap | | | | | | | ☐ |
|  | * My benefit has reduced because of changes to the local housing allowance rate | | | | | | | ☐ |
|  | * My benefit has reduced because someone has moved out of my home | | | | | | | ☐ |
|  | * My benefit has reduced because I am affected by changes to the Housing Benefit scheme | | | | | | | ☐ |
|  | * I cannot afford to pay the difference between my rent and Housing Benefit for other reasons. Please tell us why here. | | | | | | | ☐ |
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| **Part 3 – About your home and rent** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Could you afford your rent when you moved in? | | | | No | | ☐ | | Yes | | ☐ | | |
|  | | | | | | | | | | | | |
| Did you check with the council how much Housing Benefit you could get before you moved in? | | | | No | | ☐ | | Yes | | ☐ | | |
|  | | | | | | | | | | | | |
| If you are a private tenant, have you asked your landlord to reduce the rent? | | | | No | | ☐ | | Yes | | ☐ | | |
|  | | | | | | | | | | | | |
| If you have moved into this address within the last 3 months, please tell us why you moved. | | | | | | | | | | | | |
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|  | | | | | | | | | | | | |
| Do you have rent arrears? | | | | | No | | ☐ | | Yes | | ☐ | |
|  | | | If yes, please tell us how much your arrears are. | | £ | | | | | |  | |
|  | | | | | | | | | | | | |
| Has your landlord given you a notice to quit? | | | | | No | | ☐ | | Yes | | ☐ | |
|  | | | | | | | | | | | | |
|  | | | By which date does your landlord want you to move? | | / / | | | | | |  | |
|  | | | | | | | | | | | | |
| Could you live with family or friends? | | | | | No | | ☐ | | Yes | | ☐ | |
|  | | If no, please tell us here why not. | | | | | | | | | | |
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|  | | | | | | | | | | | | |
| Are you on a waiting list to get a cheaper or more  suitably sized home? | | | | | No | | ☐ | | Yes | | ☐ | |
|  | | | | | | | | | | | | |
| Are you trying to move to a smaller or cheaper property? | | | | | No | | ☐ | | Yes | | ☐ | |
|  | Please tell us here what you are doing to move home or why you are not looking to move. | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | If you did find somewhere smaller or cheaper, please tell us here about anything that would stop you from moving. | | | | | | | | | | | |
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| When does your tenancy end? | | | | | / / | | | | | |  | |
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| How much notice do you have to give? | | | | |  | | | | | | |  |

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| **Part 4 – Pregnancy** | | | | | | | |
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| Are you or someone else who lives with you pregnant? | | | No | ☐ | Yes | | ☐ |
|  | | | | | | | |
| Who is pregnant? |  | | | | |  | |
|  | | | | | | | |
| When is the baby due? | / / |  | | | | | |

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| **Part 5 – Health problems and disability** | | | | | | | | | | |
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| Do you or someone else who lives with you, suffer from ill health? Or, are you or someone else who  lives with you disabled? | | | | No | ☐ | Go to part 6 | | | | |
| Yes | ☐ | Please tell us about this below. | | | | |
|  | | | | | | | | | | |
| Who has the health problems or disability? | | |  | | | | | | | |
|  | | |  | | | | | | | |
| Tell us about the health problems or disability here. | | | | | | | | | | |
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|  | | | | | | | | | | |
| Does the health problem or disability affect the type of accommodation you need? | | | | | | | No | ☐ | Yes | ☐ |
|  | If yes, tell us about this here. | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Has your property been adapted in any way to help the person  with the disability? | | | | | | | No | ☐ | Yes | ☐ |
|  | | If yes, please tell us about the adaptations that have been made. | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Does the health problem or disability mean that you keep  special equipment at home? | | | | | | | No | ☐ | Yes | ☐ |
|  | | If yes, please tell us about the special equipment in your home here. | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Does the health problem or disability mean that you or someone else who lives with you cannot share a bedroom with anyone else? | | | | | | | No | ☐ | Yes | ☐ |
|  | | If yes, please tell us about this here. | | | | | | | | |
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| **Part 5 (continued) – Health problems and disability** | | | | | | | | |
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| Does the health problem or disability mean that overnight care is needed? | | | | No | | ☐ | Yes | ☐ | |
|  | If yes, please tell us about this here. | | | | | | | | |
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| Do you or anyone else who lives with you get Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Allowance (PIP)? | | | | No | | ☐ | Yes | ☐ | |
|  | | | | | | | | | |
| Who gets this benefit? | |  | | | | | | | |
|  | | | | | | | | |
| If you have told us that you, or your partner, has an overnight carer or that you have a disabled child in your household who cannot share a bedroom with another child, we will phone or write to you to ask some further questions. It is possible that you are entitled to more Housing Benefit or Local Housing Allowance.  In deciding who gets a DHP, we take into account reasonable expenses and all available income other than AA, DLA and PIP. We know that people with disabilities have expenses which specifically relate to their disability and we need to make sure that these are taken into consideration. If your disability related expenditure means that you pay more for your electricity, gas, water, food or transport, you can tell us about the amounts in Part 6. Don’t forget to tell us why you pay more for these in the box at the bottom of this page. For any other disability related expenditure, please tell us about them here. | | | | | | | | | |
|  | | | | | | | | |
| **Disability related expenditure (please list)** | | | **Amount**  **paid** | | **How often?**  **(weekly, monthly)** | | | |
|  | | | £ | |  | | | |
|  | | | £ | |  | | | |
|  | | | £ | |  | | | |
|  | | | £ | |  | | | |
|  | | | £ | |  | | | |
|  | | | £ | |  | | | |
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| Please use this space to tell us more about your disability related expenditure. | | | | | | | | |
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| **Part 6 – Your outgoings and expenses** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Housing costs and utilities** | | | | | | | | **Amount**  **paid** | | | | **How often?**  **(weekly, monthly)** |
| Rent | | | | | | | | £ | | | |  |
| Council tax | | | | | | | | £ | | | |  |
| Buildings insurance | | | | | | | | £ | | | |  |
| Contents insurance | | | | | | | | £ | | | |  |
| Gas | | Pre-paid meter? | No | ☐ | Yes | ☐ | | £ | | | |  |
| Electricity | | Pre-paid meter? | No | ☐ | Yes | ☐ | | £ | | | |  |
| Water rates | | | | | | | | £ | | | |  |
| Other fuel (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | £ | | | |  |
|  | | | | | | | | | | | | |
| Are you in arrears with any of your housing costs or utilities? | | | | | | | No | | ☐ | Yes | ☐ | |
|  | If yes, please tell us which ones are in arrears and how much the arrears are. | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| If any of your housing costs or utility expenses are unusually high, please tell us why here. | | | | | | | | | | | | |
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| **Personal expenses** | | | | | | | | **Amount**  **paid** | | | | **How often?**  **(weekly, monthly)** |
| Clothing | | | | | | | | £ | | | |  |
| Grocery shopping (food, toiletries, cleaning etc.) | | | | | | | | £ | | | |  |
| School meals | | | | | | | | £ | | | |  |
| Child maintenance payments | | | | | | | | £ | | | |  |
| Cigarettes, tobacco, e-cigarettes | | | | | | | | £ | | | |  |
| Alcohol | | | | | | | | £ | | | |  |
|  | | | | | | | | | | | | |
| **Transport** | | | | | | | | **Amount**  **paid** | | | | **How often?**  **(weekly, monthly)** |
| Bus/taxi/rail fares | | | | | | | | £ | | | |  |
| School bus fares | | | | | | | | £ | | | |  |
| Car expenses (petrol, repairs, MOT) | | | | | | | | £ | | | |  |
| Car insurance | | | | | | | | £ | | | |  |
| Car tax | | | | | | | | £ | | | |  |

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| **Part 6 (continued) – Your outgoings and expenses** | | | | | | | | | | | |
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| **Phones and home entertainment** | | | | | | | | | | **Amount**  **paid** | **How often?**  **(weekly, monthly)** |
| TV licence | | | | | | | | | | £ |  |
| Telephone landline | | | | | | | | | | £ |  |
| Mobile phone | | | | | | | | | | £ |  |
|  | Contract start date: | | / / | | | End date: | | / / | |  |  |
| Broadband | | | | | | | | | | £ |  |
|  | Contract start date: | | / / | | | End date: | | / / | |  |  |
| Satellite TV/cable package | | | | | | | | | | £ |  |
|  | Contract start date: | | / / | | | End date: | | / / | |  |  |
|  | | | | | | | | | | | |
| **Loans, credit and charges** | | | | | | | | | | **Amount**  **paid** | **How often?**  **(weekly, monthly)** |
| TV SmartMeter (Buy as you View) | | | | | | | | | | £ |  |
|  | Start date: | / / | | | End date: | | / / | |  |  |  |
| Hire purchase (such as BrightHouse) | | | | | | | | | | £ |  |
|  | Start date: | / / | | | End date: | | / / | |  |  |  |
| Catalogue | | | | | | | | | | £ |  |
|  | Start date: | / / | | | End date: | | / / | |  |  |  |
| Loan | | | | | | | | | | £ |  |
|  | Start date: | / / | | | End date: | | / / | |  |  |  |
| Door step lender | | | | | | | | | | £ |  |
|  | Start date: | / / | | | End date: | | / / | |  |  |  |
| Credit card | | | | | | | | | | £ |  |
|  | Credit card balance: | | | £ | | | |  | |  |  |
| If you are paying for loans, hire purchase, catalogues etc., please tell us here what you bought. | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Court fine | | | | | | | | | | £ |  |
|  | Amount left to pay: | | | £ | | | |  | |  |  |
| Bank charges (monthly/interest charges) | | | | | | | | | | £ |  |
|  | | | | | | | | | | | |
| **Other expenses (please list)** | | | | | | | | | | **Amount**  **paid** | **How often?**  **(weekly, monthly)** |
|  | | | | | | | | | | £ |  |
|  | | | | | | | | | | £ |  |

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| **Part 7 – Your income and savings** | | | | | | | | |
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| Please tell us here about your income and any savings that you and your household has. | | | | | | | | |
| **Income type, such as Income Support, Child Tax Credit, wages**  **(please list)** | | | **Amount** | | | **How often?**  **(weekly, monthly)** | | |
|  | | | £ | | |  | | |
|  | | | £ | | |  | | |
|  | | | £ | | |  | | |
|  | | | £ | | |  | | |
|  | | | £ | | |  | | |
|  | | | £ | | |  | | |
|  | | | £ | | |  | | |
|  | | | | | | | | |
| Are any of these reduced because you are paying back a loan or a debt? | | | | No | ☐ | | Yes | ☐ | |
|  | | |  | | | |  | |
|  | Please tell us which benefit is reduced. |  | | | | |  | |
|  | | |  | | | |  | |
| If you are not working, are you or your partner trying to look for work? | | | | No | ☐ | | Yes | ☐ | |
|  | | |  | | | |  | |
| If you or your partner work part-time, are you able to  increase your hours? | | | | No | ☐ | | Yes | ☐ | |
|  | If no, please tell us here why not. | | | | | | | |
|  | | | | | | | | |

|  |  |
| --- | --- |
| **Bank accounts, building society accounts, savings accounts (please list)** | **Amount** |
|  | £ |
|  | £ |
|  | £ |
|  | £ |

**Please provide two months bank statements for all the accounts that you hold.**

|  |  |  |  |
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| **Part 8 – Backdating** | | | |
|  | | | |
| We normally pay DHP from the Monday after we receive your application. We may be able to pay from an earlier date if you have good reasons why you have not claimed earlier. If you want us to consider paying DHP from an earlier date, please give as much detail as you can in the space below. | | | |
|  | | |  |
| Tell us the date you want to claim from. | / / |  | |
|  | | |  |
| Please tell us why you did not claim earlier. | | | |
|  | | | |

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| **Part 9 – Other information** |
|  |
| If there is anything else that you want to tell us about, please use this space. |
|  |
|  |
| **Part 10 – Declaration** |

**If you are filling in this form for someone else, please tell us why.**

|  |
| --- |
|  |

I confirm that I have read each question to the person and I have accurately written the answers they gave me.

|  |  |
| --- | --- |
| Name of the person who filled in the form |  |
|  |  |
| Signature of the person |  |
|  |  |
| Relationship to the person claiming  (such as mother, son, caseworker) |  |
|  |

Please read this declaration carefully before you sign and date it.

* I understand that if I give information that is not correct or complete, you may take legal action against me.
* I understand that you will use the information I have given to process my claim for Housing Benefit or Local Housing Allowance.
* You can check some of the information with other departments within Bridgend County Borough Council and with other councils.
* You may use any information I have given on this form and any other claim for benefits that I have made or may make. You may give some information to other council departments and government organisations as allowed by law.

I know I must let the Housing Benefit section of the council know immediately in writing about any changes in my circumstances which might affect my claim.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Your signature |  | Date | / / |

|  |  |  |  |
| --- | --- | --- | --- |
| Your partner’s signature  (if you have one) |  | Date | / / |
|  |  |

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| --- |
| **Please return your completed form to:**  **Bridgend County Borough Council, PO Box 107, Bridgend, CF31 1WB** |