

Discretionary Housing Payment/Hardship Fund Payment Application Form

What is a Discretionary Housing Payment/Council Tax Reduction Scheme Hardship Fund Payment?

A Discretionary Housing Payment (DHP) may be claimed if you receive Housing Benefit but are having difficulty paying the rest of your rent. A DHP can therefore pay for some, or the entire gap between Housing Benefit and your rent.

A Council Tax Reduction Scheme Hardship Fund Payment is if you have to pay Council Tax and you already get a reduction through our scheme but it's not enough to pay the tax, we can help pay the shortfall. We can give you extra money on top of your Council Tax Reduction Scheme award.

The amount of money that is available to the local authority to spend in these cases is cash limited. This means that financial constraints are a factor in a local authority's decision on any individual case. The payments are discretionary and there are no formal appeal rights against any decision made by the local authority not to make a payment.

DHP's are considered to be short term help and are not usually awarded for more than a 6 month period.

Examples of where you might need help are:

- You rent from a Social Landlord and your Housing Benefit has been restricted because you have too many bedrooms.
- The amount of Local Housing Allowance you get is less than the rent charged.
- The amount of Housing Benefit you get has been capped.
- Prevention of homelessness.
- Experiencing financial difficulties (**FULL** details must be given)

Why do I have to claim for DHP separate to my Housing Benefit/Council Tax Reduction Scheme Application Form?

Discretionary Housing Payments and Council Tax Reduction Scheme Hardship Fund Payments are not social security benefits and the information we use to decide if we can pay you any money is not the same as you provided to get your other benefits. You can use this form to tell us about any special circumstances that apply to you and your family household.

Return the application form and any additional information to:

**Housing Benefits, Gedling Borough Council, Civic Centre, Arnot Hill
Park, Arnold, Nottingham NG5 6LU**

**If you require help with this form please call us on 0115 9013970 or visit
the offices, we are open 8.45am to 5.15pm Monday to Thursday and
8.45am to 4.45pm on Fridays.**

**You must ensure that you complete all sections of the application form
fully or your form may be rejected and returned for completion.**

1 Section 1: About you

Your Name:

Your Address:

Your Housing Benefit
Claim Reference
(If Known):

What telephone number is
best for us to use if we
need to speak to you?

2 Section 2: The help you require

Do you need help with your:

Rent

Council Tax

Other Housing Costs

How much DHP per week (if awarded) would help you and why?
(Please note the maximum award that can be made is to cover your full
weekly rent charged.)

How long would you like DHP (if awarded) to be paid for?

How much can you afford to pay towards your shortfall?

Could you afford the rent when you first moved in and how did you pay
your deposit?

Do you have rent arrears?

Yes

No

**IF YES, PLEASE TELL US:
How much are your arrears?**

Do you have Council Tax arrears?

Yes

No

**IF YES, PLEASE TELL US:
How much are your arrears?**

3

Section 3: Income

The money you have coming in each WEEK

	You (£)	Your Partner (£)
Wages/Salary		
Statutory Sick Pay		
Company Sick Pay		
Maternity Pay		
Income Support		
Universal Credit		
Job Seekers Allowance		
Employment Support Allowance		
Pension Credit		
Incapacity Benefit		

Working Tax Credit		
Child Tax Credit		
Child Benefit		
Self-employed income		
State Pension		
Private Pension		
Disability Living Allowance		
Personal Independence Payment		
Attendance Allowance		
Maintenance Payments		
Money from boarders/lodgers		
Money from friends or relatives		
Contributions to the household by non-dependants over the age of 18		
Other - Please Specify		
Other - Please Specify		

4 Section 4: Expenditure

The money you have going out each WEEK

	You (£)	Your Partner (£)
Rent		
Mortgage		
Council Tax		
Grocery Shopping		
Household items (e.g. cleaning products etc)		
Toiletries		
Water Rates		
Gas		
Electric		
Home Telephone		
Mobile Phone		
Internet Access		
TV Licence		
TV Package		

Personal Insurance		
Home and Contents Insurance		
Car Insurance		
Car Tax		
Car Petrol		
Car Maintenance		
Travel Expenses		
Cigarettes		
Alcohol		
Entertainment		
Takeaways		
Payments to catalogues		
Hire Purchase items		
Fines/Court Orders		
Loan Repayments (please specify the date these repayments are due to cease, the date they started, what the loan was for and the amount outstanding.)		

Credit Card Payments		
Social Fund Repayments (please specify the date these repayments are due to cease and the amount owed)		
Benefit deductions (please also specify the date these repayments are due to cease, the amount owed and what the deductions are for.)		
Maintenance/Child Support Payments		
Clothing/School Uniform		
School Dinners		
Other School Expenses		
Childcare Costs		
Children's club/Pocket Money		
Health/medical (insurance, optical, dental, prescriptions etc)		
Pet Food		
Pet Insurance		

5 Section 5: Capital

Do you hold capital in excess of £5,000? Yes No

Bank Name:	Sort Code:	Account Number:	Current Balance:

6 Section 6: Debt/Arrears

Do you have debts/arrears with the following?

	Amount Owed	Payment Plan	Instalment amount (weekly)
Rent		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Council Tax		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Electric		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gas		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Water		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Credit Cards		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Loans		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Catalogues		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hire Purchase		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Court Fines		Yes <input type="checkbox"/> No <input type="checkbox"/>	
TV Licence		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other - Please Specify		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other - Please Specify		Yes <input type="checkbox"/> No <input type="checkbox"/>	

7 Section 7: Other information in support of your application

Do you or any member of your household have any disabilities, health problems or special needs? If yes, please give full details.

Are you or any member of the household pregnant?

Name:	Expected due date:
Name:	Expected due date:

Has there been a death in the household in the last 12 months? If yes, please give the name of the deceased, the relationship to you and the date they passed away.

Do you have family or friends who are able to help you financially? If yes, please give details.

Has the property been adapted in any way to suit your needs? If yes, please give details.

Did you check how much the Local Housing Allowance rate would be before accepting your tenancy? If no, please tell us why you not? If yes, please tell us why you accepted the tenancy?

LHA RATES 2015/2016

Local Housing Allowance rates depend on the number of people living in the property up to a maximum of 4 bedrooms.

One Bedroom required for:

- **Every adult couple (married or unmarried)**
- **Any other adult aged 16 or over**
- **Any two children of the same sex aged under 16**
- **Any two children under 10**
- **Any other child (other than a foster child or child whose main home is elsewhere)**
- **A carer (or team of carers) who do not live with you but provide you or your partner with overnight care**

The shared room rate for Local Housing Allowance applies to

- **Most single people aged under 35**
- **Single Joint Tenants**
- **Any tenants where they do not have exclusive use of two or more rooms, (including kitchen, facilities for cooking & bathrooms)**

Exemptions to the shared room rate

- **Care leaver aged under 22**
- **Anyone receiving Personal Independence Payments Daily Living, Disability Living Allowance (Middle or High rate Care), living alone and no-one receiving Carers Allowance for looking after them.**
- **Aged 25 to 35 managed within level 2 or 3 of the Multi Agency Public Protection Arrangements (MAPPA)**
- **Aged 25 to 35 who have spent at least 3 months (not consecutive) in hostels for the rehabilitation of homeless people.**



Section 8: Contracts (e.g. mobile phone, TV package etc)

Do you or your partner have any contract outstanding?

Company Name:

Start Date:

Length of contract:



Section 9: Your Declaration

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

I have completed this form and declare that the information I have given is true and complete to the best of my knowledge. I know that I must tell the Benefit Department if any of my circumstances change. I know I must also tell the Benefits Section if there are any changes in the circumstances of anyone else living in my household. I know that I must tell you within one calendar month of the date that anything changes. I understand that the information I have given in this application may be checked against other records held by the council. If I am overpaid, I may be asked to repay this money to the council

Your Signature:

Date:

**Your Partner's
Signature:**

Date:

If you have had help completing this form or somebody else completed it for you, ask them to complete this section and sign here.

Their name:

Their Signature:

Date:

How will we tell you how much we are paying?

We will write to you explain the outcome of your application and give reasons for our decision.

What can you do if you do not agree with our decision?

You can ask us to review the decision.

These payments are **NOT** direct payments of Housing Benefit or Council tax Reduction and so do not go through the national statutory appeals process. Any decision is at our discretion.

You must request a review in writing to the council within one calendar month of our original decision. Please make sure you clearly state the reasons why you want a review. It is not enough to simply disagree with the decision you will need to provide specific reasons for disagreeing.

10 Section 10: Further information

Use this space to tell us why you need extra help with your housing costs and/or Council tax liability. You can also use this space to explain any of the income or money paid out on previous pages more fully. Please tell us about anything else which might be relevant to this application, even if you think it is not important. You should tell us here about anything you are doing to try and improve your finances.

Give as much information as you possibly can and continue on a separate sheet if necessary.

[Empty space for providing further information]

11 Section 11: Evidence

Please provide any evidence that you feel would support your claim, supporting evidence will help us determine your eligibility and will mean there is no delay in dealing with your request. Supporting evidence can be loans, bills, credit cards, hire purchase repayment agreements, proof of any expenses that are especially high and any supporting medical evidence.

We may request additional information if needed, before any decision can be made regarding your application.



You can get council information in large print, in braille and in other languages. Please phone Customer Services on 0115 9013970