

**Application for a discretionary housing payment**

This scheme supports people who need extra help with their rent when housing benefit or

universal credit doesn’t cover the full amount.

Discretionary housing payments (DHP) are made from a separate fund with a limited budget.

Payments are awarded as a short-term measure to help claimants in extremely difficult

circumstances and it is strongly recommended that you seek support to achieve a long-term

solution to financial difficulties. The scheme is not part of the benefits system and all awards

are made entirely at the Council’s discretion.

**Please complete all sections of the form and provide the evidence needed to support**

**your application at the time of submission. If you do not provide the evidence it will**

**delay a decision being made as we will need to request it later.**

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| --- |
| Name: |
|  |
| Address:  Date of tenancy: |
| Date of birth:  National Insurance Number: |
| Telephone number:  Email address: |
| Type of tenancy:  Private  Council  Housing Association  Temporary accommodation |
| You are in receipt of: (please tick the appropriate box)    Housing Benefit (HB) HB reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OR**  Universal Credit (UC) with Housing Costs. **You must send us the monthly breakdown of your UC award for every month you are applying for a DHP. If you do not provide this it will delay our decision-making. You must provide your tenancy agreement to evidence the rent you pay.** |

# Part A – About your application

Provide details of the reason(s) for your application.

Please tick the box that closely resembles the reason why you are currently suffering financial

hardship:

**Benefit Cap**

**If you are affected by the benefit cap please make sure you have added your telephone number to the front of this form as there are additional questions we need to ask you before we can decide to make a DHP award.**

**Bedroom Tax**

If you have ticked Bedroom Tax can you please confirm if you:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Are a registered Foster Carer? |  | Have a property significantly adapted for a disability? |  |

Have a disabled child?  Have an

overnight

Carer?

If you have ticked Bedroom Tax can you confirm if you are registered with Trading Places or any other schemes to help you downsize to a smaller property? If ‘Yes’ please provide evidence of your registration.

Yes  No

Please confirm how many bedrooms there are in the property: **\_\_\_\_\_\_\_**

**Local Housing Allowance restrictions**

If you have ticked Local Housing Allowance restrictions you must provide a copy of your current tenancy agreement when you submit your application form.

**Personal Circumstances**

Please tell us any relevant information which will support your need for a DHP – health concerns of

you or a family member, children’s schooling etc. **If you have health concerns you must provide evidence to support this when you submit your application.**

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If you have rent arrears please confirm why and how much. We can backdate a DHP award but

you will need to tell us why you did not apply earlier. **You must provide a rent** **statement**

**to evidence your arrears.**

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Please list all the people that live at your address with you:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of birth** | **Income per week** | **Relationship to you** |
|  |  |  |  |
|  |  |  |  |
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# Part B – Income and expenditure

Please list all your income details. This section must be completed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Income** | **Amount (self)** | **Amount**  **(partner)** | **How often**  **received, i.e., weekly, monthly** |
| Wages/salary (take home pay) |  |  |  |
| Income Support |  |  |  |
| Job Seekers Allowance |  |  |  |
| UC **excluding** housing costs |  |  |  |
| Housing Cost element **only** of UC |  |  |  |
| Child benefit |  |  |  |
| Working tax credit |  |  |  |
| Child tax credit |  |  |  |
| Pension credit |  |  |  |
| Employment and Support Allowance |  |  |  |
| DLA Care/PIP Living |  |  |  |
| DLA Mobility/PIP Mobility |  |  |  |
| Pension - State Retirement |  |  |  |
| Pension - Private/Works/Occupational |  |  |  |
| Other benefit (please state which) |  |  |  |
| Savings and investments, eg, bank/building society accounts |  |  |  |
| Money from other adults in the house, eg, son, daughter |  |  |  |
| Other income, eg, Child Maintenance (please state where from) |  |  |  |
|  | |  | **TOTAL** |

Please list all your spending details. This section must be completed. **Provide evidence of debts.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outgoings** | **Amount**  **£** | | **How often do you spend the money, e.g., weekly, fortnightly, monthly, yearly** |
| Rent shortfall (not covered by HB or UC Housing Costs) |  | |  |
| Rent arrears |  | |  |
| Council tax |  | |  |
| Gas |  | |  |
| Gas arrears |  | |  |
| Electricity |  | |  |
| Electricity arrears |  | |  |
| Water rates |  | |  |
| Water rates arrears |  | |  |
| Housekeeping (food, etc.) |  | |  |
| Clothing |  | |  |
| Maintenance paid for children who do not  live with you |  | |  |
| Court fines |  | |  |
| Insurance - car |  | |  |
| Insurance - house (contents and buildings) |  | |  |
| Insurance - personal |  | |  |
| TV licence |  | |  |
| TV rental |  | |  |
| Sky or Cable TV |  | |  |
| Internet |  | |  |
| Entertainment |  | |  |
| Cigarettes |  | |  |
| Travel - bus/train fares |  | |  |
| Travel - taxi fares |  | |  |
| Car - finance |  | |  |
| Car - fuel |  | |  |
| Car - road tax |  | |  |
| Telephone - landline |  | |  |
| Telephone - mobile |  | |  |
| Secured loan -  Amount owing Total £\_\_\_\_\_\_\_\_\_\_\_ |  | |  |
| Credit card -  Amount owing: Total £\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Store card -  Amount owing: Total £ \_\_\_\_\_\_\_\_\_ |  |  |  |
| Catalogues -  Amount owing: Total £ \_\_\_\_\_\_\_\_\_ |  |  |  |
| Other costs (please specify, e.g., child care costs, medical costs etc.) |  |  |  |
| **TOTAL** | **£** |  |  |

# PART C – DISCRETIONARY HOUSING PAYMENT

What do you need help with (please tick each box that is appropriate):

Shortfall in rent  Deposit  Rent in advance  Removal costs

If you need help with a rent deposit, please confirm the following:

How much is required for your deposit? £ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are you due to have a refund from your current landlord?  Yes  No

What steps have you taken to improve your financial situation prior to making an application for a Discretionary Housing Payment? eg. made an arrangement with your landlord to pay rent arrears, reduced outstanding debts by setting up a payment arrangement, registered and bidding to move to a smaller property, looking for work.

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Could you afford the rent when you first moved in?  Yes  No

Were you aware of the amount of Housing Benefit or UC Housing Costs that could be paid

before you moved in?  Yes  No

Are you related to your landlord?  Yes  No

How much is your rent and how often is it paid? (e.g. weekly, monthly, four-weekly)

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# PART D – DECLARATION

If you are in receipt of Universal Credit please provide your bank account details so that any delay is avoided in the event that an award is made directly to you (you will need to provide a recent bank statement as evidence that the bank account belongs to you):

Bank name: \_\_\_\_\_\_\_\_\_\_\_\_

Sort code: \_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_

If you are in receipt of Universal Credit you must also provide your landlord/agent bank details so that any delay is avoided in the event that an award is made to them eg. to safeguard your tenancy.

Bank name: \_\_\_\_\_\_\_\_\_\_\_\_

Sort code: \_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_

I authorise you to make any necessary enquiries to check the information I have given on this form with other sections within the Council, Pension Service, Department for Work and Pensions, Inland Revenue and other Councils.

Print name:

Signed:

Date:

If this form has been completed on your behalf by a third party please give your permission for us to share information and where necessary request information to support your application from the third party.

*I give permission to share information with the third party named below and for you to request information and evidence from them if needed to support my application.*

*Signed:*

Third party name:

Third party signature:

Organisation name or relationship to claimant:

What happens next?

Your application will be considered by a panel of experienced officers and if any more information is needed we will contact you.

We will write to you with our decision as soon as it has been made.

Please upload this form online at:[www.lewisham.gov.uk/benefitcontact](http://www.lewisham.gov.uk/benefitcontact)

Or, send it to:

Housing Benefits

London Borough of Lewisham

PO Box 58996

London

SE6 9JD