Name and Address

**Uttlesford District Council**

Discretionary Housing Payments

**OFFICIAL USE ONLY**

DATE OF RECEIPT

#  What are Discretionary Housing Payments?

Discretionary Housing Payments (DHP's) are independent payments **only available to customers who are in receipt of Housing Benefit or Universal Credit with Housing Costs** and appear to require further financial assistance in order to meet essential housing costs.

#  How do I apply for DHP's?

* If you would like to make a claim for DHP's, you must complete all pages of this application form and return to Uttlesford District Council as soon as possible.
* We will not be able to consider your application unless ALL of the questions are answered.
* To support your application we ask that you give as much information as possible and provide proof to support your reasons for applying e.g. medical certificates, doctor's letters or letters from landlords, etc.
* You may be asked to come into the council offices, or have a home visit from a member of the Benefit team in order to discuss your claim in more detail.

#  Personal Details

|  |  |
| --- | --- |
| Full Name: |  |
| National Insurance Number |  |
| Address: | Postcode: |

|  |  |
| --- | --- |
| Home Phone Number: |  |
| Mobile Phone Number: |  |
| Email Address: |  |

Housing Benefit Reference number (if applicable):

 **Household Members**

Please list the full names and dates of birth of all household members:

|  |  |  |  |
| --- | --- | --- | --- |
| Names | Date of Birth | Relationship to you | Details of income or student status |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| \*Continue on another sheet if needed. |

#  Personal status of household members

|  |  |  |
| --- | --- | --- |
| Would you consider anyone in your household to be vulnerable | Yes | No |
| If yes please detail below: |

 **Other information**

|  |  |
| --- | --- |
| When did you move to this address? |  |
| Could you afford the rent when you first moved in? |  |
| What was your previous address? |  |
| What was your rent at your previous address? |  |

#  Your landlord's details

|  |  |
| --- | --- |
| Name of Landlord/Housing Association/Agent |  |
| Contact address |  |
| Contact number |  |
| Please tell us why you require additional assistance with your housing costs; |  |
| When do you feel you need this help from? |  |
| How long do you feel you need this help for? |  |

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#  Your Finances - Income

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Income** | **Yo** | **u** | **Your** | **Partner** | **Other hou** | **sehold me** | **mbers** |
| **Amount** | **How often is it paid?** | **Amount** | **How often is it paid?** | **Name** | **Amount** | **How often is it paid?** |
| Income from Earned Employment | £ |  | £ |  |  | £ |  |
| Universal Credit (Please provide your award letter) | £ |  | £ |  |  | £ |  |
| Income from Self Employment | £ |  | £ |  |  | £ |  |
| Working Tax Credit | £ |  | £ |  |  | £ |  |
| Child Tax Credit | £ |  | £ |  |  | £ |  |
| Maintenance | £ |  | £ |  |  | £ |  |
| Child Benefit | £ |  | £ |  |  | £ |  |
| State Retirement Pension | £ |  | £ |  |  | £ |  |
| Private or Occupational Pensions | £ |  | £ |  |  | £ |  |
| Other Private or Occupational Pensions |  |  |  |  |  |  |  |
| Widows Pension | £ |  | £ |  |  | £ |  |
| War Disablement Pensions | £ |  | £ |  |  | £ |  |
| Industrial Injuries or Industrial Death Benefits | £ |  | £ |  |  | £ |  |
| Carers Allowance | £ |  | £ |  |  | £ |  |
| Disability Living Allowance(Mobility and/or Care component) | £ |  | £ |  |  | £ |  |
| Personal Independence Payments (PIP) | £ |  | £ |  |  | £ |  |
| Attendance Allowance | £ |  | £ |  |  | £ |  |
| Money received from family | £ |  | £ |  |  | £ |  |
| Maternity Allowance | £ |  | £ |  |  | £ |  |
| Annuities | £ |  | £ |  |  | £ |  |
| Charitable Payments | £ |  | £ |  |  | £ |  |
| Home Income Plans | £ |  | £ |  |  | £ |  |
| Student Grant | £ |  | £ |  |  | £ |  |
| Student Loan | £ |  | £ |  |  | £ |  |
| Student Bursary | £ |  | £ |  |  | £ |  |
| Rent from Boarders or Subtenants | £ |  | £ |  |  | £ |  |
| Total Income (A) | £ |  | £ |  |  | £ |  |
| Please give details of any other income not stated above**:** |
|  |

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#  Universal Credit details (if you are not claiming UC please continue to next page)

|  |
| --- |
| Universal Credit - Please provide the following details from your most recent award letter. |
| **Elements** |  | **Monthly amount** |
| Standard allowance |  | £ |
| Housing element |  | £ |
| Who is this paid to? (please circle) You Landlord 3rd PartyHave you asked for an alternative payment arrangement? (please circle) Yes No |
| Child element |  | £ |
| Childcare element |  | £ |
| Disabled child element |  | £ |
| Carer element |  | £ |
| **Total entitlement to Universal Credit** | **£** |
| TOTAL of any non-work income and other benefits you receive (including income from savings and capital) | £ |
| TOTAL taken off for take-home pay (from employment) is: | £ |
| The total taken off for loans, advances, sanctions, penalties, deductions, overpayments or third party payments is: | £ |
| Total universal credit monthly payment for this period | £ |
| **Please provide a print out or screen shot of your Universal credit award for the last two months** |

**Earned Income (if this section is not applicable to you please continue to next page)**

 **Wages**

|  |  |
| --- | --- |
| **Employer** |  |
| Length of time in current employment |  |
| Role |  |
| Contracted hours |  |
| Hourly rate of pay |  |
| Frequency of pay |  |
| Average pay packet |  |

#  Self Employed income

If you are self employed please contact this office on 01799 510510 to obtain a self employed income and expenditure form

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#  Your Finances - Outgoings

Please detail your Households outgoings in the table below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outgoings** | **Yo** | **u** | **Your** | **Partner** | **Other hou** | **sehold me** | **mbers** |
| **Amount** | **How often****is it paid?** | **Amount** | **How often****is it paid?** | **Name** | **Amount** | **How often****is it paid?** |
| **Housing Costs** |  |  |  |  |  |  |  |
| Rent | £ |  | £ |  |  | £ |  |
| Mortgage | £ |  | £ |  |  | £ |  |
| Ground rent/ Service Charges | £ |  | £ |  |  | £ |  |
| Building contents Insurance | £ |  | £ |  |  | £ |  |
| **Utilities** | £ |  | £ |  |  | £ |  |
| Gas | £ |  | £ |  |  | £ |  |
| Electric | £ |  | £ |  |  | £ |  |
| Water | £ |  | £ |  |  | £ |  |
| Sewerage | £ |  | £ |  |  | £ |  |
| **Housekeeping** | £ |  | £ |  |  | £ |  |
| Food/Milk | £ |  | £ |  |  | £ |  |
| Cleaning/Toiletries | £ |  | £ |  |  | £ |  |
| Newspapers/ Magazines | £ |  | £ |  |  | £ |  |
| Cigarettes / Tobacco/ Sweets | £ |  | £ |  |  | £ |  |
| Alcohol | £ |  | £ |  |  | £ |  |
| Clothing | £ |  | £ |  |  | £ |  |
| Hairdressing | £ |  | £ |  |  | £ |  |
| Repairs | £ |  | £ |  |  | £ |  |
| **Other items** | £ |  | £ |  |  | £ |  |
| Mobile phone | £ |  | £ |  |  | £ |  |
| Landline telephone | £ |  | £ |  |  | £ |  |
| Internet Line Rental | £ |  | £ |  |  | £ |  |
| TV Licence | £ |  | £ |  |  | £ |  |
| TV (Sky, Virgin, Now TV, Amazon Prime, Netflix) | £ |  | £ |  |  | £ |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outgoings continued** | **Yo** | **u** | **Your Pa** | **rtner** | **Other hou** | **sehold me** | **mbers** |
| **Amount** | **How often is it paid?** | **Amount** | **How often is it paid?** | **Name** | **Amount** | **How often is it paid?** |
| **Travel** |  |  |  |  |  |  |  |
| Fares to work | £ |  | £ |  |  | £ |  |
| Car tax | £ |  | £ |  |  | £ |  |
| Car insurance | £ |  | £ |  |  | £ |  |
| Petrol/Diesel Costs | £ |  | £ |  |  | £ |  |
| Other car costs i.e. MOT/repairs | £ |  | £ |  |  | £ |  |
| Public Transport Costs | £ |  | £ |  |  | £ |  |
| **Other** | £ |  | £ |  |  | £ |  |
| Child Maintenance payments | £ |  | £ |  |  | £ |  |
| Spousal Maintenance payments | £ |  | £ |  |  | £ |  |
| Expenses related to health issues/disability | £ |  | £ |  |  | £ |  |
| School Clubs | £ |  | £ |  |  | £ |  |
| School Fees | £ |  | £ |  |  | £ |  |
| Child Care | £ |  | £ |  |  | £ |  |
| Pet food / insurance | £ |  | £ |  |  | £ |  |
| Fines / court costs | £ |  | £ |  |  | £ |  |
| Catalogue | £ |  | £ |  |  | £ |  |
| Hire Purchase | £ |  | £ |  |  | £ |  |
| Credit cards/ store cards | £ |  | £ |  |  | £ |  |

#  Information

If you run a car/s, please state the make, model and engine size of all cars, and details of all regular journeys you are required to make and the distance in miles.

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If you are in a mobile phone contract, please state when your contract expires. .....................................................

If you have pets, please state how many, the type of animal and the breed.

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If you have household debts please list them below. Please specify who is responsible for these debts, the debtors details and the balances of each debt. Please also state what repayment arrangements are currently in place to repay the debt and when this arrangement is expected to end.

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**You will need to supply certain documents in support of your application for a Discretionary Housing Payment.**

|  |  |
| --- | --- |
| **Savings** | **Check list** |
| Full and recent bank / building society statements from all accounts showing the last two months expenditure and evidence of any other capital/ property you own. |  |

|  |  |
| --- | --- |
| **Debts** | **Check list** |
| Latest statement/bill for all debts due |  |
| Any correspondence detailing repayments of debt |  |

|  |  |
| --- | --- |
| **Outgoings** | **Check list** |
| Evidence of maintenance payments made |  |
| Mortgage payments |  |
| School fees / child care costs |  |
| Fines and court costs |  |

|  |  |
| --- | --- |
| **Income** | **Check list** |
| We may already have all details of your income, but more information could be required. |  |
| If you are in receipt of Universal Credit, please supply your award letter |  |

#  Additional information

Briefly explain what steps you have already taken to try and improve your financial situation.

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Have you have been in contact with any debt or advice agencies regarding your finances? If yes, please supply details

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Please supply any other details which you feel is relevant to your application.

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#  Current rent details

|  |  |
| --- | --- |
| How much is your rent? |  |
| How often is it due? |  |
| How much notice must you give your landlord? |  |

When you accepted your tenancy how did you intend to meet your rent liability?

…………………….........................…..........................................................................................................................

Have you asked your landlord to reduce your rent?

If yes, what was the outcome of this request? Or if not, please give the reasons why?

…………………….........................…..........................................................................................................................

|  |  |
| --- | --- |
| Do you have rent arrears? |  |
| If yes, please tell us the total amount of your arrears |  |
| The period the arrears cover | / / | to | / / |

What action has your landlord taken to recover the arrears (please send proof):

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Have you contacted your landlord to make a repayment plan? If so please detail. If not please explain why you have not.

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Have you tried to find cheaper alternative accommodation?

If yes, what was the outcome? Or If no, why not?

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Have you ever applied for or been offered new or alternative social housing? (i.e. Council or Housing Association accommodation)

If you have not applied please explain why

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…………………….........................….........................................................................................................................

If you have yet to bid please explain why

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#  Further information

Please tell us about your home by ticking the accommodation which best describes it

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Detached House |  | Semi Detached House |  | Terraced House |  | Maisonette |  |
| Bungalow |  | Flat in House |  | Flat in Block |  | Flat over Shop(s) |  |
| Bedsit or rooms |  | Hostel/Temporary Accommodation |  | Hotel |  | Other(please specify) |  |

#  Please tell us how many rooms there are in your property

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total number of rooms in property | Rooms solely for use of you/your family? | Rooms shared withnon-household members |
| Living or dining rooms |  |  |  |
| Bedrooms |  |  |  |
| Kitchen |  |  |  |
| Bathroom |  |  |  |
| Toilet |  |  |  |
| Other |  |  |  |

 **Non-dependant information**

If there are non-dependant adults living with you, how much can they afford to pay towards the rent?

Please explain what financial help your non-dependant gives you. For example, help towards bills food etc. If they do not contribute towards the household, please explain why:

Please provide proof of your non-dependants income for the last two months

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#  Please tell us why you need to live in this property

Please tell us how your property is suitable for you and your family. For example, has it been adapted to cater for a disability or do you need a lift or ground floor accommodation etc.? .

Please tell us how the area is suitable for you and your family. Do you or any member of your family need to live near a particular place of employment, a nursery, child care, school, hospital or any other service area appropriate to your circumstances? If yes, please supply the name / address of the premises.

Please tell us about any recent or future changes affecting you or a member of your family that we should take into account. For example, moving, starting or stopping work, change in household, bereavement or relationship breakdown

Have you or a member of your family had any health problems or disabilities? If yes, please give details. Please make sure you provide any proof you may have in support of this. For example, doctor's letters, medical certificates or hospital.

Do you or a member of your family have mobility problems which mean you need to have easy access to public transport, shops or employment? If yes please give details.

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**Payment of an award**

If we award a Discretionary Housing Payment it will be paid in one of three ways:

1. If you are an Uttlesford District Council tenant the award will be credited to your rent account directly
2. If you are in privately rented accommodation we will make the payment directly to your nominated bank account
3. If your landlord is a Housing Association we will make the payment to them directly

|  |
| --- |
| If you privately rent, please confirm the bank account you would like payments to be made into. |
| Name of bank |  |
| Branch address |  |
| Account name |  |
| Sort code |  |
| Account number |  |
| Signature |  |
| Date |  |

#  Declaration to discuss your application with landlord/agent

Can we give your landlord details of your application if required?

|  |
| --- |
| I hereby give the benefit section of Uttlesford District Council permission to discuss my application for a Discretionary Housing Payment with my landlord/agent. |
| Name of landlord/agent |  |
| Address of Landlord/agent |  |
| Your signature |  |

**Declaration to discuss your application with a third party**

If you would like to give permission for us to discuss your application with another person (such as a support worker, family member, friend, Citizens Advice Bureau or third party financial advisor) please complete the details below

|  |  |
| --- | --- |
| Name of person/organisation |  |
| Their contact address |  |
| Their relationship to you |  |
| Your signature |  |

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#  Any other information

If you would like to tell us anything else that has not been covered in this form then please give us the details below (please continue on a separate sheet if necessary):

 **Declaration**

**Fair Processing Statement -** Information you submit, or have submitted, in all correspondence to the council will be processed in accordance with the provisions of the Data Protection Act 1998 and relevant legislation.

The council will use the information you provide or provided for the purpose of performing any of its statutory enforcement duties. It will make any disclosures required by law and may also share this information, both across council departments and with other government organisations.

If you give or gave information that is incorrect or incomplete, the council may take action against you.

I declare that the information I have given is correct to the best of my knowledge. I agree to the council making enquiries to check the information I have given. I understand I can be prosecuted if I give false information.

|  |  |
| --- | --- |
| Signed: |  |
| Print Name: |  |
| Date: |  |

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

|  |  |
| --- | --- |
| Signed: |  |
| Name and relationship to person claiming |  |
| Date: |  |

Dependant on your circumstances you may be considered for an exceptional hardship award in respect of your Council Tax liability. If you would like to be considered for this, please tick this box.

If you require further information, please contact us on 01799 510510, or email us at benefits@uttlesford.gov.uk, or write to us at Uttlesford District Council, Council Offices, London Road, Saffron Walden, Essex, CB11 4ER.

Please see our website, [www.uttlesford.gov.uk](http://www.uttlesford.gov.uk/) for details of our Discretionary Housing Payment policy.

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