

APPLICATION FOR A DISCRETIONARY HOUSING PAYMENT

Discretionary Housing Payments can help provide financial assistance to people in receipt of Housing Benefit (or Housing Costs element of Universal Credit).

If you are not receiving Housing Benefit (or Housing Costs element of Universal Credit), do not complete this form as you will not be able to claim.

Discretionary Housing Payments are **NOT** a long term solution for financial difficulties.

For office use only	
Issued by which LA	
Benefits reference number	
Date of issue	

Part A – About you

Your full name.

Address and post code.

Contact telephone in case we need further information

What date do you want to apply for Discretionary Housing Payments from?

Part B – About you and your family

1. Are you currently in receipt of Housing Benefit (or Housing Costs element of Universal Credit)?

Yes If 'yes', go to Part C

No If 'no', you are not eligible for a Discretionary Housing Payment

2. When did you move into your current address?

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If you have moved in last 12 months, please complete question 3, 4 and 5.

If you have lived at your address more than 12 months, go to question 6 on next page

3. Please tell us your last address.

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4. Please tell us your reasons for moving.

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5. Could you afford to pay your rent when you first moved into your property?

Yes If 'yes', how did you afford to pay it?

No If 'no', why did you take on the property?

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Part C – About your rent

6. If you are renting from a private landlord, have you asked your landlord to reduce your rent?

Yes Please answer 6a and 6b below

No Please contact your landlord to negotiate a reduced rent

6a) When did you do this?

/ /

6b) What did your landlord say?

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7. Are you behind with your rent payments?

Yes Please answer 7a and 7b below

No Go to question 8

7a) How much are you in arrears? Please provide proof.

£

Please provide an explanation as to how the arrears arose in Part G

7b) Have you received an eviction notice? Please provide a copy.

Yes

No

8. Have you tried to find a cheaper home?

Yes Please answer 8a and 8b below

No Please answer question 8c below

8a) When did you do this?

/ /

8b) What was the outcome?

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8c) If you have not tried to find a cheaper home please tell us why.

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Part D – Other information

9. Are you on any housing waiting lists or registered with Cumbria Choice Based Lettings?

Yes If 'yes', please give further details below

No Please explain why not in Part G

9a) When did you go on the list?

/	/
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9b) Whose list are you on?

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9c) What banding have you been given?

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9d) Please give details of any tenancies you have been offered or bids you have submitted.

This should include address, landlord, property size and rent amount

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10. Do you have any relatives or friends who could give you a place to live?

Yes

No

Could they or anyone who lives with you, help you with your housing costs?

Yes

No

11. Do you or your family have health problems or a disability?

Yes Please give details: No

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You will need to provide medical evidence if available, such as a letter from your Doctor

Part E – Special circumstances

Foster parents

Do you require an additional room due to foster care responsibilities?

Yes

No

If Yes, please provide proof from Cumbria County Council/foster agency

Expectant parents

Are you or any member of your household expecting a baby within the next 3 months?

Yes

No

If Yes, please confirm the due date _____

Significant birthdays

Are any members of your household due to turn 10 or 16 in the next 3 months?

Yes

No

If Yes, please confirm their name(s) _____

Disabled needs adaptations

Has your home been substantially adapted to meet the disabled needs of a member of your household?

Yes

No

If Yes, please provide details of the disabilities and adaptations in Part G

Extra bedroom due to disability

Does any member of your household require an additional bedroom due to a disability?

Yes

No

If Yes, please confirm who requires the extra bedroom, details of their disability and an explanation as to why an extra bedroom is required in Part G

Overnight carer

Do you require an additional bedroom for an overnight carer?

Yes

No

If Yes, please provide details in Part G

Homelessness

Have you previously been homeless within the last 3 years?

Yes

No

If Yes, please provide details in Part G

Son or Daughter in Armed Forces

Do you require an extra bedroom for a son or daughter in the Armed Forces who normally lives with you but is currently away on operations?

Yes

No

If Yes, please provide details in Part G

Member of household temporarily absent

Do you require an extra bedroom for a person who normally lives with you, but is temporarily absent? For example, they are in hospital, in care, in prison, working or studying away.

Yes

No

If Yes, please provide details in Part G

Suitability of current property

Would you have to stay in your current home even if you found a cheaper home?

Yes If 'yes', please explain why below.

No

Part F – Your income, savings, expenses and debts

We need to see proof of your and your partner's income.

	Weekly	Monthly
Your wages	£	£
Your partner's wages	£	£
Company pension	£	£
Employment Support Allowance	£	£
Income Support	£	£
Jobseeker's Allowance	£	£
Child Benefit	£	£
Working Tax Credit	£	£
Child Tax Credit	£	£
Incapacity Benefit	£	£
Pension Credit	£	£
Disability Living Allowance (care)	£	£
Attendance Allowance	£	£
Disability Living Allowance (mobility)	£	£
Personal Independence Payments	£	£
Industrial Injuries Disability Benefit	£	£
Carers Allowance	£	£
Universal Credit	£	£
Bereavement Allowance	£	£
Maternity Pay/Allowance	£	£
Statutory or Company Sick Pay	£	£
Other state benefits (state type)	£	£
Other state benefits (state type)	£	£
Other state benefits (state type)	£	£
Maintenance	£	£
Rental income	£	£
Money from anyone who lives with you	£	£
Housing Benefit	£	£
Council Tax Support	£	£
Student grants, loans or bursaries	£	£
Other income (state type)	£	£
Other income (state type)	£	£
Total income	£	£

Have you or your partner used the mobility component of Disability Living Allowance to obtain a car under the Motability scheme?

Yes

No

Your spending (We need to see proof of all regular spending.)

	Weekly	Monthly
Mortgage	£	£
Rent	£	£
Council Tax	£	£
Water charges	£	£
Gas	£	£
Electricity	£	£
Life assurance or endowment premiums	£	£
House Phone	£	£
Mobile Phone	£	£
TV rental and licence	£	£
Groceries	£	£
Alcohol	£	£
Toiletries	£	£
Clothing	£	£
Cigarettes or tobacco products	£	£
Travelling expenses	£	£
Car fuel	£	£
Car insurance	£	£
Road tax	£	£
Prescriptions	£	£
Private Health Schemes	£	£
Satellite or digital TV subscriptions	£	£
Internet costs	£	£
Child minding costs	£	£
Maintenance payments	£	£
School Meals	£	£
Laundry costs	£	£
Other (state type)	£	£
Other (state type)	£	£
Other (state type)	£	£
Other (state type)	£	£
Other (state type)	£	£
Total expenses	£	£

For office use only:	Weekly	Monthly
Total income	£	£
Minus total expenses	£	£
Balance	£	£

Please provide proof of the current balance outstanding for all of your debts	Current balance	Repayment amount & frequency	
Rent arrears	£	£	
Mortgage arrears	£	£	
Unpaid Council Tax	£	£	
Overdue water rates	£	£	
Fuel debts: gas	£	£	
electricity	£	£	
Magistrates' / Court fines	£	£	
Unpaid maintenance	£	£	
Credit Cards	£	£	
Catalogue	£	£	
Payday loans	£	£	
Other unsecured loans	£	£	
Secured loans	£	£	
DWP or HMRC overpayments	£	£	
Social Fund debts	£	£	
Other	£	£	
Total debts	£	£	

Do you have any bank, building society, post office or credit union accounts?

Yes

No

If yes please provide details below:

Name of bank or building society	Account number	Amount held

Please ensure you provide the last 3 months statements/passbooks for all bank, building society, post office or credit union accounts

Do you have any shares / premium bonds

Yes

No

If yes please provide details below:

Type of shares or bonds	Quantity held	Value

Part G – Any other information (Please tell us about anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to.)...

Part H – Sharing information with other parties

If you want to give us permission to discuss your application with your landlord, or another person who is assisting you with your application, please indicate below

I give you permission to share information about my application for a discretionary housing payment with:

- my landlord Citizens Advice Bureau Cumbria Law Centre
- somebody else (please provide details below)

Name _____

Address _____

Contact Number _____

Part I – Declaration

Please read the following statements and sign below. We cannot deal with your application if you have not signed it.

- This is my claim for a Discretionary Housing Payment.
- I will tell you if the information on any letter you send me is incorrect.
- The information I have given is true and complete.
- I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- I understand that you may check the information I have given on this form against Council and Government records.
- I understand that you may use the information I have given in connection with this and any other claim I have made or may make for state benefits. You may give some information to other organisations, such as government departments, local authorities and private companies such as banks and organisations that may lend me money, if the law allows this.
- I know that I must tell you if my circumstances change after I make this claim.

Your signature:

Date:

Your partner's signature:

Date:

If someone else has filled in this form for you they must fill in the section below. Please tell us why you are filling in this form for someone else.

I declare that I have read the information in this form back to the claimant and they have confirmed that it is a true statement of what the person asked me to write.

Name of the person who filled in this form:

Their signature:

Date:

Relationship to claimant:

What to do next.....

Once you have completed your application form, please return it to the Council with any supporting evidence.

This may include:

- Proof of household income
- Proof of household outgoings
- Proof of capital
- Relevant medical evidence

Returning your form by post.....

If you are submitting your application by post, please send it to:

**Housing Benefits Office
Copeland Centre
Whitehaven
CA28 7SJ
01946 598300**

Returning your form in person.....

In addition to the Housing Benefit office listed above, you can also hand in your form at the following offices:

**Millom County Centre
St George's Road
Millom**

**Cleator Moor Local Links
Market Square
Cleator Moor**