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| --- |
| **Cyngor Sir CEREDIGION County Council** |
|  |
| Housing Benefit Section, Financial Services,  Canolfan Rheidol, Rhodfa Padarn, Llanbadarn Fawr, Aberystwyth, Ceredigion. SY23 3UE |



**Discretionary Housing Payment (DHP) Application Form**

1. **ABOUT YOUR APPLICATION FOR DHP**

**1.1** YOUR APPLICATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| HB Claim No.: |  |  | Date from which DHP is required: | |  | |
|  |  | | | | | |
| Address: |  | | | | | |
|  |  | | | | | |
| Telephone: |  |  | Email: |  | | |
|  | | | | | | |
| Please tell us why you are applying for a DHP? (Please tick all that apply **🗸** ) | | | | | |  |
|  | | | | | |  |
| 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. | | | | | |  |
|  | | | | | |  |
| I need financial support while I am seeking employment or more employment. | | | | | |  |
|  | | | | | |  |
| I cannot afford to pay the difference between my rent and Housing Benefit. | | | | | |  |
|  | | | | | |  |
| For other reasons – please tell us why below: | | | | | |  |
|  | | | | | |  |
|  | | | | | | |

**1.2** PAYMENTS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| If you are awarded a DHP, who should it be paid to? | | Me |  | | My Landlord/Agent |  |
| Please provide details below of the account to which the BACS payment would be made: | | | | | | |
| Account Number | Sort Code | | | Account Name | | |
|  |  | | |  | | |

1. **ABOUT YOU AND YOUR HOUSEHOLD**
   1. ABOUT YOU AND YOUR PARTNER

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Partner** |
| Name: |  |  |
|  |  |  |
| Date of Birth: |  |  |
|  |  |  |
| NINO: |  |  |
|  |  |  |
| Registered Disability:  (enter details) |  |  |
|  |  |  |
| Medical Condition:  (enter details) |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Partner** |
| If pregnant, due date: |  |  |
|  |  |  |
| I work for: |  |  |
|  |  |  |
| How I get to work: |  |  |

**2.2** ABOUT YOUR CHILDREN (If you do not have children go to section 2.3)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Eldest Child** | | | **Second Child** | | | **Third Child** | | |
| Name: |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date of Birth: |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Boy or Girl: |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Registered Disability  (enter details): |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Medical Condition  (enter details): |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| If pregnant, due date: |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| **Tick all that apply 🗸 :** | | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Foster Child | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| A child not fostered but I | |  |  |  |  |  |  |  |  |
| care for | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| At nursery (part time) | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| At nursery (full time) | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| In primary school | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| In junior school | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| In secondary school | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| At college/sixth form | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| At university | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| Taking an exam course | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| In work training scheme | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| In apprenticeship | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| In part time work | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| In full time work | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| On military service | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
| **Shared responsibility with a former partner:** | | | | | | | | | |
|  |  | | |  | | |  | | |
| Child Benefit is paid to: |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Number of nights per week spent in your household: |  | | |  | | |  | | |

**2.3** ABOUT OTHER PEOPLE IN THE HOUSEHOLD (If there are no other people in your household go to section 3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **First Person** | | | **Second Person** | | |
| Name: |  | | |  | | |
|  |  | | |  | | |
| Date of Birth: |  | | |  | | |
|  |  | | |  | | |
| Male or Female: |  | | |  | | |
|  |  | | |  | | |
| Registered Disability  (enter details): |  | | |  | | |
|  |  | | |  | | |
| Medical Condition  (enter details): |  | | |  | | |
|  |  | | |  | | |
| If pregnant, due date: |  | | |  | | |
|  |  | | |  | | |
| Gross weekly/monthly income (if known): | £  weekly/monthly | | | £  weekly/monthly | | |
|  |  | | |  | | |
| How much they pay you weekly/monthly: | £  weekly/monthly | | | £  weekly/monthly | | |
|  |  | | |  | | |
| **Tick all that apply 🗸 :** |  | | |  | | |
|  |  | | |  | | |
| Retired |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| At college |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| At university |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Taking an exam course |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| In work training scheme |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| In apprenticeship |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| In part time work |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| In full time work |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| In receipt of ESA |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| In receipt of JSA |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| In receipt of Pension Credits |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| In receipt of Universal Credit |  |  |  |  |  |  |

1. **ABOUT YOUR PROPERTY** (please tick if applicable **🗸**)

|  |  |
| --- | --- |
| I have not been made an alternative offer of accommodation |  |
|  |  |
| The property has been adapted to meet my needs |  |
| (Please list below, all adaptations made to the property for your needs) |  |
|  |  |
|  | |

Before you go to section 4 please read the notes below.

|  |
| --- |
| **Please Read Carefully**  In the following sections you will be asked about your financial situation and what options are open to you to be able to change things.  It is important that you tell us as much as possible so that both you and the Council have an understanding of your situation and what can be done to help.  In the next section we ask about the finances of you and your partner. We do not need to know the income and expenditure of other adults living in your home (non-dependants). However, you should include any rent or financial assistance that they pay you for living in your home.  The booklet: “Applying for a Discretionary Housing Payment” will help you identify money that you have coming in and going out. The items listed in the booklet are a guide. This is not a complete list of possible income or expenses and some of the examples might not apply to your household.  **Please note:** The Council does not need to know about and will not take into account what is deemed to be non-essential items of expenditure. These include things such as cigarettes, alcohol, takeaways, eating out, cinema, coffee, gym and sport clubs, presents. However, you may want to include these items when outlining your expenditure to help you understand your budgeting as small items which by themselves may not seem like a drain on your budget can add up to quite a lot over a year. For example, it is not uncommon to discover that spending on something like a regular coffee from a cafe can easily end up costing £700.00 per year.  If there is not enough space for all of your items in this claim form please attach a separate sheet and send in with this form.  If you need help in completing this form, this is available from the following:  *By phone:*   * Ceredigion County Council – 01970 633252   *In Person* – opening times are 09:00 to 13:00 and 14:00 to 16.30 16:00 Fridays):   * Canolfan Alun R Edwards, Queens Square, Aberystwyth * County Hall, Market Street, Aberaeron * Council Offices, Morgan Street, Cardigan * Council Offices, Market Street, Lampeter   Your completed on-line word version of the DHP form can be emailed to [revenues@ceredigion.gov.uk](mailto:revenues@ceredigion.gov.uk).  Alternatively, if you have printed a copy this can be returned to any of the offices listed above along with any supporting evidence. |

1. **FINANCIAL DETAILS**
   1. INCOME

Please list all your income below.

(See booklet ‘Applying for Discretionary Housing Payment’ for suggestions – page 4)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Income** | **Applicant Amount £** | **Partner Amount**  **£** | | | **How often received** | |
| Wages (take home) |  |  | | |  | |
|  |  |  | | |  | |
| IS/JSA/ESA |  |  | | |  | |
|  |  |  | | |  | |
| Child Benefit |  |  | | |  | |
|  |  |  | | |  | |
| Child Tax Credits |  |  | | |  | |
|  |  |  | | |  | |
| Working Tax Credits |  |  | | |  | |
|  |  |  | | |  | |
| Maintenance |  |  | | |  | |
|  |  |  | | |  | |
| Pension Credits |  |  | | |  | |
|  |  |  | | |  | |
| Incapacity Benefit |  |  | | |  | |
|  |  |  | | |  | |
| Attendance Allowance \* |  |  | | |  | |
|  |  |  | | |  | |
| DLA/PIP: Care \* |  |  | | |  | |
|  |  |  | | |  | |
| Mobility \* |  |  | | |  | |
| \*Disregarded in full as income but needs to be declared | | | | | |
|  |  | |  |  | |
| Pensions: State |  |  | | |  | |
|  |  |  | | |  | |
| Private/Work |  |  | | |  | |
| Other: |  |  | | |  | |
|  |  |  | | |  | |
|  |  |  | | |  | |
|  |  |  | | |  | |
|  |  |  | | |  | |

* 1. BANK ACCOUNTS AND SAVINGS

Please list below details of all your bank accounts and include any savings/capital and investments.

(See booklet ‘Applying for Discretionary Housing Payment’ for suggestions – page 4)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Amount** | **Institution** | **Reference** |
|  |  |  |  |
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|  |  |  |  |
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* 1. OUTGOINGS

Please list all your outgoings below.

(See booklet ‘Applying for Discretionary Housing Payment’ for suggestions – page 5)

NB: The Council will not take account what is deemed to be non-essential items of expenditure – for a full explanation see ‘Please Note’ under ‘Please Read Carefully’ on page 4 of this form.

In the ‘Due’ column enter a character representing:

**M**onthly; **W**eekly; **F**ortnightly; **Q**uarterly; **6**-monthly; **Y**early; **I**rregular

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Due** (see above) | **Amount**  **£** | **Outgoing Type** e.g. Electricity; Gas; Food; Loans; Fines etc. | **Description –** who the payment is made to | **Arrears Included Y/N** |
|  |  |  |  |  |
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If you have included any Loans, Fines, County Court Judgements or arrears in your outgoings listed above, please confirm the date these payments will end.

|  |  |  |
| --- | --- | --- |
| **Outgoing Type** | **Current Balance** | **Date payments will end** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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1. **WHAT CAN YOU DO TO HELP YOURSELF?**

Only in exceptional circumstances is an award of DHP a long term solution for the shortfall between HB and rent. Before an award of DHP can be made it is useful if we have an idea of what action you have considered to resolve the situation.

(See booklet ‘Applying for Discretionary Housing Payment’ for suggestions – page 6 & 7)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action** | **The chance this can be achieved?** (score 1-5 where 1 is not possible and 5 is will be done) | **Reason why this may be difficult** | **Evidence** | **Target date to achieve Action** |
|  |  |  |  |  |
|  |  |  |  |  |
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1. **DECLARATION**

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

|  |  |  |  |
| --- | --- | --- | --- |
| * **I declare** that the information given on this form is correct. * **I agree** that the Council may make enquiries necessary to check the information I have given. * **I understand** that if any information I have given is incorrect that I will have to repay any awarded DHP back to the Council and that I could be prosecuted. | | | |
| Your signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Declaration of the person filling in the form on behalf of the tenant: | | | |
| Your signature: |  | | |
|  |  | | |
| Print name: |  | | |
|  | | | |
| Relationship to applicant: |  | Date: |  |