

All of this information must be provided

Name:

Address:

.....

..... Postcode.....

Date of birth:.....

National Insurance number:

Telephone number:

Email address:.....

Housing Benefit claim number:

Application for a Discretionary Housing Payment

If you are struggling to pay a shortfall between the amount of housing benefit you get and the amount of rent you have to pay, we may be able to give you some extra help. A Discretionary Housing Payment cannot be paid to cover the costs of services in your rent, such as fuel charges, water rates, meals etc.

To see if you qualify please complete this form and send it back straight away. There is an income and expenditure section on page 3, please complete this fully and accurately. We may ask you to provide documentary evidence to support your application. If you need help completing this form, please contact us on the telephone number shown above.

From what date do you want to claim a Discretionary Housing Payment?

Date: / /

When did you move into your current address?

Date: / /

Please state your reasons for moving to this address

.....
.....

Could you afford the rent and council tax when you moved in?

Yes No

If Yes, how were you able to afford it?

.....
.....

Have you asked your landlord to reduce the rent?

Yes No

If Yes, when did you do this?

Date: / /

What was the outcome?

.....
.....
.....

Has your landlord threatened to evict you due to rent arrears?

Yes No

If Yes, please provide evidence.

Have you tried to find cheaper accommodation?

Yes No

If Yes, what evidence do you have of this?

.....
.....
.....

All applicants will need to complete this section about income and savings.

WEEKLY INCOME

	£	Date your next payment is due		£	Date your next payment is due
Earnings			Private Pension		
Partners Earnings			Pension Credit		
Income Support/ESA			Attendance Allowance		
Working/Child Tax Credit			DLA Care		
Jobseeker's Allowance			DLA Mobility		
Child Benefit			Income from any other source		
Maintenance			TOTAL		
State Pension					

WEEKLY EXPENDITURE

Food costs	£	Priority Fines	
Mortgage or rent	£	Magistrates Fine	£
Council Tax	£	CCJ	£
Insurances	£		
Water Charges	£	Debts	
Gas	£	Loan Shark	£
Electricity	£	Loans from family	£
Other Fuel	£	Payday Loan	£
Registered childcare costs	£	Loan Repayments (state purpose of loan)	
Clothing	£		
School Meals - do you qualify for free school meals Yes <input type="checkbox"/> No <input type="checkbox"/>	£	Other credit debits (state purpose of credit)	
Maintenance/CSA	£		
Digital TV/Internet	£		
TV Licence	£	Arrears	
Telephone	£	Mortgage	£
Mobile Telephone	£	Rent	£
Travel Expenses	£	Council Tax	£
Petrol	£	Other Expenses	£
Car Tax and Insurance	£		
Prescriptions	£		
Catalogues	£		

SAVINGS/CAPITAL DETAILS

Please provide details of all savings and capital held.

Bank Accounts	£	Any other savings and capital (state source)	£
Stocks and shares	£		
Savings accounts	£		
Premium Bonds	£		
Additional property	£		

Declaration

Even if someone else has filled in this form for you, make sure it is read back to you before signing this declaration. If you have a partner, they should sign this declaration as well. Please read this declaration carefully before you sign and date it.

I declare that the information I have given on this form is correct and complete and I understand that:

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- The information I supplied on my application for Housing Benefits may be used to help decide my claim for a Discretionary Housing Payment.
- You may check some of the information with other sources within the council, rent offices and other councils.
- You may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.
- Data is held for the purpose of paying the correct amount of benefit to the right person for the right time and to ensure benefit is paid correctly, data will be shared with other government organisations.
- If you require any additional information the data protection controller can be contacted through Cheshire West & Chester Council's Financial Services Department
- I have a duty to tell Cheshire West and Chester Council Benefits Service about any changes to my circumstances IMMEDIATELY. Failure to do so could result in Court Action.

Signature of person claiming

Date

Partner's signature

Date

If this form has been completed by someone other than the person claiming:

You **MUST** provide details below if you are acting for the person claiming e.g. an appointee, power of attorney, professional support worker etc. Make sure you have read the form back to the person named above and confirmed the details with them.

I confirm I have read this form back to the claimant and they have confirmed the details they have given to me are correct and complete.

Name of the person who filled in the form: _____

Address: _____

Postcode: _____

Phone No: _____

Signature of the person who completed the form: _____