

If you have difficulty paying your rent, you may be able to get short term extra financial support as a temporary measure to allow you time to make other necessary changes. We may also be able to fund removal costs and tenancy fees. You should apply prior to requiring these as conditions need to be met and funding agreed before any move. Discretionary Housing Payments usually only commence from the Monday following the date we receive your completed form.

Funding is not generally awarded retrospectively or for past periods unless something prevented you from applying earlier.

To apply for Discretionary Housing Payments you must:

- Receive Housing Benefit or Housing Element of Universal Credit
- Have a shortfall between your rent and the above awards and/or
- Require further financial assistance with certain housing costs (removal costs, agent fees)
- Complete this form to apply

Note: please ensure that you provide as much detail and evidence as possible to help us make a decision regarding your DHP. **If you have a Housing Benefit/Council Tax Support claim form must be correct and up to date before any decision on your DHP request can be considered.**

This funding is not available towards your Council Tax liability with effect from 1 April 2013 when Council Tax Benefit ended.

If you require assistance in particular for a deposit or rent in advance please contact Housing Options on (01793) 445503 who operate a Deposit Guarantee Scheme

For further information or help to complete the form you can:

- Phone the Benefit Advice Line on 0345 302 2316; Monday to Fridays 9am – 5pm
- Visit the website www.swindon.gov.uk
- Visit us in person at Swindon Direct (see opening hours below)

Return your completed Discretionary Housing Payment Form:

In Person:

Swindon Direct
Wat Tyler House
Beckhampton Street
Swindon
SN1 2JH

Mondays to Fridays 9am - 5pm

By Post:

Swindon Borough Council
(Benefits)Admail 4144
Swindon
SN3 5ZR

Evidence

Please provide any evidence you may have to support this application.

If you are not sure if we need something, get in touch with us for further advice.

Benefit Fraud

If you suspect someone is committing Benefit Fraud please phone our confidential hotline 01793 464690 or complete the online form at: www.swindon.gov.uk/housing-benefitsreportingfraudonlineform

Change of Circumstances

You must tell us of any changes in your circumstances straight away. To ensure that you are receiving the highest level of benefit you are entitled to or prevent overpayments. You must tell us about your change in circumstances within one calendar month of the date of the change.

Changes you must tell us about include:

- Whenever you change your address
- Whenever a person joins or leaves your household (even if temporary)
- Whenever the income or capital for anyone in your property changes
- Whenever anyone starts or finishes work
- Whenever the rent you pay changes
- Fleeing domestic violence
- You have moved to or are living in a property adapted for your disability
- Medical circumstances of any household member

Discretionary Housing Payments are only awarded as a temporary measure to allow a person to:

Seek cheaper alternative accommodation, negotiate a lower rent and/or improve their circumstances. Any further awards are unlikely if you have made no efforts to make changes enabling you to maintain your ongoing rental payments or are considered to have contributed to any continuing hardship. Changes necessary may also include moving, negotiating your rent, reducing non essential expenses, claiming other benefits you may be entitled to or seeking appropriate guidance for debts etc. We may require evidence to substantiate any action you declare to have made.

Please note that we are **unable to grant any long term periods of these payments** largely due to it being a limited fund presented to us each Tax Year at a time.

Applicant Information

HB/CTS claim number:

Date issued:

(return within 1 month)

Current Address:

Contact phone number:

You

Title: Mr Mrs Miss Ms

Surname:

Other Names:

Date of birth:

National Insurance No:

Do you have a partner who normally lives with you?

Yes No

Your partner

Title: Mr Mrs Miss Ms

Surname:

Other Names:

Date of birth:

National Insurance No:

Other members of your family/household

Others 1

Title: Mr Mrs Miss Ms

Relationship:

Surname:

Other Names:

Date of birth:

National Insurance No:

Others 2

Title: Mr Mrs Miss Ms

Relationship:

Surname:

Other Names:

Date of birth:

National Insurance No:

Others 3

Title: Mr Mrs Miss Ms

Relationship

Surname:

Other Names:

Date of birth:

National Insurance No:

Any additional residents to be noted on page 15

**Anyone who usually lives with you,
but is currently resident elsewhere**

Reson living away at present

Title: Mr Mrs Miss Ms

Relationship

Surname:

Other Names:

Date of birth:

National Insurance No:

Reason for applying

Rent Shortfall, how much per: Calender Week 4 weekly £

Additional Bedroom Reduction

Local Housing Allowance shortfall

Benefit Cap

Non Dependand deductions

Personal Circumstances **Please Note:** if you wish to apply for a shortfall due to the level of your household income you must establish exceptional circumstances and/or excessive costs, giving reasons why.

Tenancy Fees: Specify and contact details

How Much £

Name of Agent (**evidence must be provided**)

Removals costs: How much £

Quote from SBC approved company & funding decision required prior to any move. Contact DHP or Housing for details

Details of new rental:

Address:

Landlord:

Landlord Tel:

Rent:

Calander
Month

Week

4 weekly

£

Number of
bedrooms:

Services:

Calander
Month

Week

4 weekly

£

Reason you need to move:

Overnight Carer / Disabled Child unable to share a bedroom – Yes No you may initially need to make enquiries to ensure your Housing Benefit/Housing Element has a decision on why these circumstances have not previously been taken into account and should provide details of any outcome made

Is your property adapted for a current disabled member of your household – Yes No

If Yes - Fully detail all adaptations stating who for:

Are you a registered Foster Carer – Yes No

If YES – Foster Carer Registration Number

Have you previously received this funding – Yes No

If Yes – please explain steps you have taken to reduce your reliance on this additional financial assistance since your last award:

Give full details of why you now require this short term funding....

Provide reasons why you would be unable to move elsewhere...

Provide details of what you have done yourself to improve your circumstances...

List when, where & why you have sought other advice or assistance....

Homebid reference number -

Homeswapper reference number -

Describe any health problems, disabilities or hardship that you or any member of the household suffers from giving names and length of time affected.

Income – money coming into the household from all occupants

	Name	Amount & frequency
CL Earnings (average inc SMP/SSP) - hours worked per week <input type="checkbox"/>	<input type="text"/>	£ <input type="text"/>
PT Earnings (average inc SMP/SSP) - hours worked per week <input type="checkbox"/>	<input type="text"/>	£ <input type="text"/>
Other occupant Earnings (average inc SMP/SSP) - Names:	<input type="text"/>	£ <input type="text"/>
	<input type="text"/>	£ <input type="text"/>
	<input type="text"/>	£ <input type="text"/>
- hours worked per week <input type="checkbox"/>	<input type="text"/>	£ <input type="text"/>
Working Tax Credits	<input type="text"/>	£ <input type="text"/>
Universal Credit - Full awards letters required to date	<input type="text"/>	£ <input type="text"/>
Jobseeker's Allowance	<input type="text"/>	£ <input type="text"/>
Employment Support Allowance	<input type="text"/>	£ <input type="text"/>
Income Support	<input type="text"/>	£ <input type="text"/>
Incapacity Benefit	<input type="text"/>	£ <input type="text"/>
DLA/PIP – mobility (towards mobility vehicle Yes <input type="checkbox"/> No <input type="checkbox"/>)	<input type="text"/>	£ <input type="text"/>
DLA/PIP – care	<input type="text"/>	£ <input type="text"/>
Severe Disability Allowance	<input type="text"/>	£ <input type="text"/>
Carer's Allowance – state even if Nil award due to other income	<input type="text"/>	£ <input type="text"/>
Attendance Allowance	<input type="text"/>	£ <input type="text"/>
Foster Child/Guardians/Adoption Allowance	<input type="text"/>	£ <input type="text"/>
Maternity Allowance	<input type="text"/>	£ <input type="text"/>
Student Grant/Loan/Bursary	<input type="text"/>	£ <input type="text"/>
Income from rent/sub tenant/boarder	<input type="text"/>	£ <input type="text"/>
Child Benefit	<input type="text"/>	£ <input type="text"/>
Maintenance payments	<input type="text"/>	£ <input type="text"/>
Child Tax Credits	<input type="text"/>	£ <input type="text"/>
Pension Credit (guaranteed / savings)	<input type="text"/>	£ <input type="text"/>
State Retirement Pension	<input type="text"/>	£ <input type="text"/>
Private pension / annuity etc	<input type="text"/>	£ <input type="text"/>
Contributions from others (specify £ & from whom)	<input type="text"/>	£ <input type="text"/>
Any other benefits (specify) ie Widows Parent benefit	<input type="text"/>	£ <input type="text"/>
	<input type="text"/>	£ <input type="text"/>
	<input type="text"/>	£ <input type="text"/>
	<input type="text"/>	£ <input type="text"/>
Any other income (specify) If any adult member of your household has no income – give name and reasons why not		
<input type="text"/>		

Other financial assistance paid to you in respect of debt/arrears. Provide source and reasons

£

DWP deductions from benefit, provide reasons

£

£

£

Give details of any money you or any other occupant are owed – reason / from whom

£

Savings & Investments (Accounts/Stocks/Shares/Bonds/Unit Trusts etc)

Failure to answer will result in mandatory refusal.

Do you and your partner jointly have capital/savings & investments in excess of £3,000 – Yes No

List all accounts held.

Account holders Name:

Account type (bank & reference):

Current balance:

Account holders Name:

Account type (bank & reference):

Current balance:

Account holders Name:

Account type (bank & reference):

Current balance:

Account holders Name:

Account type (bank & reference):

Current balance:

List all other savinings and/or investments

Expenditure – household spending (frequency paid)

Per Week Per calander month per 4 weekly per fortnight

Mortgage	£ <input type="text"/>	Broadband / Internet / line rental	£ <input type="text"/>
Rent	£ <input type="text"/>	Mobile phone	£ <input type="text"/>
Rent arrears	£ <input type="text"/>	Food	£ <input type="text"/>
Council Tax	£ <input type="text"/>	Toiletries & cleaning products	£ <input type="text"/>
Council Tax arrears	£ <input type="text"/>	Clothing / shoes	£ <input type="text"/>
Water Rates	£ <input type="text"/>	Maintenance payments	£ <input type="text"/>
Water Rates arrears	£ <input type="text"/>	Medical costs inc care (specify)	£ <input type="text"/>
Electricity	£ <input type="text"/>	Prescription costs	£ <input type="text"/>
Electricity arrears	£ <input type="text"/>	Travel costs – public transport-	£ <input type="text"/>
Gas	£ <input type="text"/>	Travel costs – car	£ <input type="text"/>
Gas arrears	£ <input type="text"/>	Travel costs – other	£ <input type="text"/>
Household insurance	£ <input type="text"/>	School expenses (specify)	£ <input type="text"/>
Other insurance (specify)	£ <input type="text"/>	Child care costs	£ <input type="text"/>
TV Licence	£ <input type="text"/>	Pet costs	£ <input type="text"/>
Cable or satellite tv	£ <input type="text"/>	Garage rent	£ <input type="text"/>
other costs specify	<input type="text"/>		£ <input type="text"/>
other costs specify	<input type="text"/>		£ <input type="text"/>
other costs specify	<input type="text"/>		£ <input type="text"/>

Outstanding Debts and Loans

Amount owed	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Reason for debt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date incurred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expected end date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repayments due	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Rent & Property

Is rent in arrears – Yes No

If Yes Current Rent Arrears – £ provide up to date rent statement

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

Date moved in Is your landlord your employer – Yes No

If Yes – give relationship & Name Are you related to your Landlord – Yes No

Relationship

Name:

Address:

Tel:

Have legal proceedings been started? – Yes No

If Yes provide details and evidence

Rent Free or non payment Weeks – Yes No

If Yes give details

Are you jointly liable to pay the rent – Yes No

if Yes – your share £

Their share £ Name:

Do you use your home for business purposes – Yes No

if Yes give details

Date current tenancy ends

Services included within your current rent: Per week Per calendar month per 4 weekly

Meals – specify those provided

Breakfast £

Lunch

Dinner

Heating £

Hot water £

Lighting/power £

Fuel for cooking £

Water Rates £

Council Tax £

TV licence £

Broadband/internet/phone line/
cable or satellite tv £

Cleaning of your personal

accommodation £

Laundering of your clothes/
bedding £

General counselling/support £

Car parking/garage £

Nursing or personal care £

And other services – specify

£

£

£

If you pay services to your landlord in addition to your liable rent please give details and amounts

	£
	£
	£
	£
	£
	£
	£
	£
	£

Type of property you rent – house flat bungalow room caravan/ground rent
other-specify

How many rooms in your rented accommodation

Please tell us:

- how many rooms there are in the whole property;
- how many of these rooms are for you and your family (household) to use; and
- how many you share with other people covered by a different tenancy

	Number of rooms in the whole accommodation	Number of rooms just for you and your household	Number of rooms that you share with other people
Living/Dining rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedsitting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other rooms (please give details)

Payments – we are unable to make payments to a Post Office account

Payee - SBC Rent account Landlord You

Account Name

Bank or Building Society

Sort Code Account Number

If your landlord is registered Housing Association we are already likely to hold payment information.

Rent Account Reference

Declaration

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

Even if someone else has filled in this form for you, you or your partner must sign this declaration.

If you are unable to sign the form please contact us for advice.

Wherever possible this form is to be signed by you and your partner, if this is not possible and you have no appointee or a person who has power of attorney for your affairs please contact the Call Centre or ask at Customer Services reception for assistance.

I/we understand the following.

- I/we declare that the information given on this form is correct, complete and up to date.
- If I/we give information that is incorrect, incomplete or out of date you may take action against me/us. This may include court action or recovery of overpaid DHP.
- You will use the information I/we have provided to process my/our claim for Discretionary Housing Payments, Housing Benefit or Council Tax Support, or all.
- You may check information with other sources as required, within the council, other Councils, Department for Work and Pensions/Jobcentre, your landlord, HMRC and any other parties deemed necessary
- You may use any information I/we have provided in connection with this and any other claim for social security benefits that I/we have made or may make. You may give some information to other government organisations if the law allows this.

We will keep and use your personal information in line with the requirements of the Data Protection Act 1998.

For the purpose of processing your claim, we may pass information to other agencies or organisations, such as the Department for Work and Pensions, Valuation Office Agency and HM Revenue & Customs.

We may check information that you have provided or that has been provided about you against relevant information that we already hold to make sure that it is accurate, for example, the electoral register.

We are under a duty to protect public funds and may pass information you have provided as part of this application to bodies responsible for auditing or administering public funds, to prevent or detect benefit fraud (or any other crime) and support national fraud initiatives (this will include your information being used in data matching exercises from time to time). For further information, please see www.swindon.gov.uk/nfi

Claimant's signature _____ Date _____

Partner's signature _____ Date _____

Note: this form must be signed by the claimant /partner in order for us to process it.

If the form has been completed by someone else please also complete the following:

Name of person who has filled in the form Relationship to you & contact details

i.e. phone no. If a Housing Association please provide name of company.

Name _____ Contact details _____

Signature _____ Date _____

Data Protection

The information you provide will be used to improve service delivery and therefore may be shared with other colleagues in the Council for such a purpose. Under the Data Protection Act you can see your own personal information. If you would like to know more about this, please ask for our leaflet 'Access to your personal information', or contact the Data Protection Officer on Tel: 01793 445500