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|  | Revenues & BenefitsP O Box 4749SHREWSBURYSY1 9GHContact: Benefits Service Direct Line: 0345 678 9001Email: benefits@shropshire.gov.ukRef: Date:  |

Dear

**Discretionary Housing Payments (DHP) Application - Deposit and/or rent in advance**

Please find attached an application for a Discretionary Housing Payment (DHP) for rent in advance or a deposit. We ask you to provide as much information as possible regarding your circumstances so that we can consider your request fairly. If you have a support worker, please tell them you are making an application. You may want to ask your support worker to help you with the form or they may want to provide you with a letter to support your application.

DHP rent in advance is available to vulnerable people in the community who may require financial assistance with housing related costs to secure a tenancy at a new property. A DHP should be considered as a last resort when all other avenues of support have been exhausted.

In order to qualify for an award, you must either already receive Housing Benefit or will be entitled to it at your new property in our area. Persons in receipt of Universal Credit may also be eligible for the scheme.

The DHP rent in advance/deposit scheme is separate to the DHP scheme which deals with an ongoing shortfall in Housing Benefit or Universal Credit for housing costs.

Shropshire Council only has a limited amount of money available to spend on DHPs so we will not be able to help everyone who asks for our help. The Council prioritises its DHP budget to:

* Alleviate hardship and help prevent homelessness;
* Support vulnerable people in the community;
* Help people through family crisis or difficult life events.

To be successful with an application you need to demonstrate why the money is required, why you need to move and how you meet the aims of the scheme. Your claim may be refused if the property is determined too expensive or inappropriate for your needs.

We will advise you in writing of our decision, any payments will be made direct to your prospective landlord. If we decide that we can’t make an award, we will write and tell you the reasons for our decision.

If you have any queries, please contact us on 0345 678 9001. When you contact us, please quote your claim reference number as this will help us provide a more efficient service.

Yours sincerely,

On behalf of

Leigh Becker

Benefits Manager

Shropshire Council

**DISCRETIONARY HOUSING PAYMENT REQUEST**

Discretionary Housing Payments (DHP) can be awarded to help customers with the costs of deposits and rent charges in advance of signing a tenancy. To be considered for an award you need to show that you are unable to meet these costs yourself.

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| **For office use** | Reference No: \*Auto populate\* |
| Date of issue: \*Auto populate\* | Date received: |

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| **About you** |
| **Forenames** |  | **Surname** |  |
| **Address** |  |
| **Post Code** |  | **National Insurance Number (NINO)** |  |
| **Date of Birth** |  | **Email Address** |  |
| **Home Phone** |  | **Mobile Phone** |  |

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| **If you are moving to a new property** |
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| If you need help to pay a deposit, how much is the landlord charging?(What period of time does this cover?) | **£** |  |
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| If you need help to pay rent in advance, how much is the landlord charging? (What period of time does this cover?) | **£** |  |
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| Please detail any other costs required to secure the tenancy and the figure/s the landlord is charging for each cost. **NB: Please provide proof of what the landlord/ agent is charging for these.** |
| How much money are you able to put towards the cost of any rent in advance or deposit? | **£** |  |
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| Are there any credit, guarantor, reference or tenancy checks outstanding? Please list all the checks you have been asked to satisfy before you are accepted as a tenant. |
| **NB: A DHP can only be awarded if it will secure a tenancy. If any pre-tenancy checks are outstanding, we will not be able to consider your request. Please note that if you have already signed your tenancy agreement for the new property, we cannot help you with an award of DHP.** |

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| **Savings and capital** |
| **Please tell us about any capital you and your partner hold, even if you have a zero balance or are overdrawn** (This includes money held in current accounts and post office card accounts) |
| **Type of account** | **Account number** | **Balance (at date of claim)** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
| **Please send us statements for all the accounts you and your partner own showing (at least) the last 2 months transactions and balances** (photocopies will not be accepted). |
| **Why are you applying for a Discretionary Housing Payment?** |

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| Please give as much detail as possible, including reasons why you need to move into a new property, why you need to leave your existing property (if applicable) and the reasons the property you have found meets your needs. Please continue on a separate sheet if needed.**PLEASE NOTE:**If you have been in receipt of certain state benefits for 26 weeks or more you may be eligible to receive a Budgeting Loan from the Department for Work and Pensions on (0345 603 6967) and you should investigate this option before applying for a DHP.**Proof of your circumstances might be requested, including proof of arrears, notice seeking possession, disablement adaptions, property details, etc…** |
|  |
| **What address are you moving to?** |
| **The address I want the deposit and / or rent in advance for is as follows:****NB: We need proof from your prospective landlord to confirm you have been offered the property subject to payment of the deposit and any rent in advance. This evidence and information should confirm your name and the relevant address and should itemise the costs required and conditions to be met to secure the property. It should confirm whether or not they are able to accept bonds for deposits. If we decide that an award can be made, it will be made to the relevant landlord or agent. The evidence should therefore confirm their account details (and payment address). If you are dealing through an agent rather than a landlord, the agent will need to provide confirmation of the landlord details they hold on record.****Who is your landlord?:****What is your landlord’s telephone number?:** |

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| **Housing support** |
| **Have you contacted Shropshire Housing Alliance on 01743 341900 and/or Housing Options on 03456789005 to see if they can help you?** | **Yes No** |
| **If No, please contact them first to see if they can help you.**If **Yes**, please confirm who you spoke to and what they have told you. **We require proof of whether or not they can support and how much they can award.** |
| **Have you received assistance from the Council through a rent deposit scheme or something similar?**  | **Yes No**  |
| If **Yes**, please give full details: |

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| **Information about your current tenancy** |
| **Will you receive any money back from your current landlord?**(i.e. the rent in advance or deposit you paid when you started your current tenancy) | **Yes No** |
| If **Yes**, please tell us how much you are due to receive. | **£** |  |
| If **No**, please explain why you are not going to receive anything. |

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| **Other help** |
| **Have you asked friends or family if they are able to lend or give you the money you require?** |  **Yes No** |
| Please tell what support your friends and family are able to provide; |
| **Have you applied for a Budgeting Loan from the Department of Work and Pensions?** |  **Yes No** |
| If **Yes**, how much have you been offered? | **£** |  |
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| If you have applied but have not yet been given a decision please confirm on what date you applied: |  |  |
| If **No**, please give your reasons for not applying; |

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| **If you have a support worker** |
| **Do you have a support worker?** | **Yes No** | If “YES” give details below |
| **What is your support worker’s name?** |  |
| **Which organisation do they work for?** |  |
| **Please provide their contact number:** |  |  |
|  |
| **Has your support worker assisted you with this form?** | **Yes No** |
| **Has your support worker provided you with budgeting advice?** | **Yes No** |
| **Has your support worker offered to assist you with moving to more affordable accommodation?** | **Yes No** |
| **Has your support worker checked that you are receiving your correct benefit and tax credit entitlement?** | **Yes No** |
| **What is the result of any discussions you have had with your support worker?** |
| **Can we discuss your case with your support worker?** | **Yes No** |

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| **People who live with you** |
| Tell us about the people who will be living with you in your new property. |
| Do you have a partner who will be living with you?If YES, provide their details below: | **Yes No** |
| **Forename(s)** | **Surname** | **Date of Birth** | **National Insurance no.** |
|  |  |  |  |
| Tell us about any children who you are responsible for who will be living with you: |
| **Forename** | **Surname** | **Relationship to****you****(i.e. son, daughter)** | **Date of Birth** | **Do you receive Child Benefit for them?**  |
|  |  |  |  | **Yes** |  | **No** |  |
|  |  |  |  | **Yes** |  | **No** |  |
|  |  |  |  | **Yes** |  | **No** |  |
|  |  |  |  | **Yes** |  | **No** |  |
|  |  |  |  | **Yes** |  | **No** |  |
|  |  |  |  | **Yes** |  | **No** |  |

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| **Non dependants** |
| Tell us about anybody who is going to be living in your new property, who is over the age of 16 and who you will NOT be claiming benefit for.  |
| **Forename(s)** | **Surname** | **Date of Birth** | **Gender**(male or female) |
|  |  |  |  |
| **Their Employment Status** | **Their Weekly Income** | **National Insurance no.** | **Relationship to you****(i.e. friend, lodger)** |
|  | **£** |  |  |
|  |
| **Forename(s)** | **Surname** | **Date of Birth** | **Gender**(male or female) |
|  |  |  |  |
| **Their Employment Status** | **Their Weekly Income** | **National Insurance no.** | **Relationship to you****(i.e. friend, lodger)** |
|  | **£** |  |  |
|  |
| **Forename(s)** | **Surname** | **Date of Birth** | **Gender**(male or female) |
|  |  |  |  |
| **Their Employment Status** | **Their Weekly Income** | **National Insurance no.** | **Relationship to you****(i.e. friend, lodger)** |
|  | **£** |  |  |

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| **About health issues** |
| **Do you or anybody who lives with you have any physical or mental health problems, disabilities or special needs?** | **Yes No** |
| **If “YES” please give details below;** |
| **Has the property you are moving to been specially adapted to suit disability or health needs?** | **Yes No** |
| **If “YES” please give details below;** |
| **Are you or anyone else living with you pregnant?** | **Yes No** |
| **If “Yes” who is pregnant?** |  |  |
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| **On what date is the baby due?** |  |  |
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| **Income**  |
| **Tell us about all the income you and your partner receive and how often it is paid. We will use information already held by Shropshire Council, the DWP and HMRC to verify the information you have provided.** |
| **Income Type** | **Amount** | **How often is it paid?** |
| Take home pay (earnings) – You  | £ |  |
| Take home pay (earnings) – Your Partner  | £ |  |
| Working Tax Credit | £ |  |
| Child Tax Credit | £ |  |
| Child Benefit | £ |  |
| Maternity pay (including SMP or MA) | £ |  |
| Child Maintenance | £ |  |
|  |
| Income Support | £ |  |
| Job Seekers Allowance | £ |  |
| Employment & Support Allowance | £ |  |
| Universal Credit *(please provide your award letter)* | £ |  |
| Statutory Sick Pay | £ |  |
|  |
| Attendance Allowance | £ |  |
| PIP Daily Living or DLA Care | £ |  |
| PIP or DLA Mobility | £ |  |
|  |
| State Retirement Pension | £ |  |
| Occupational Pension | £ |  |
| Pension Credit | £ |  |
| (If you receive an income which has not been listed please use the blank spaces to tell us about it) |
|  | £ |  |
|  | £ |  |
|  | £ |  |
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| **Have you opted to use your DLA or PIP mobility to obtain a Motability Vehicle?** |  **Yes No** |
|  |  |
| **Do you have a non-dependent living in your household?** | **Yes**  |  | **No** |  |
| (By non-dependent we mean a person over the age of 16 who you do not claim benefit for) |
| **How much money do they give you for board ?** |  |  |
| **If they don’t pay board, please explain why not:** |
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| **Can you ask them to increase the amount they give you?** | **Yes** |  | **No** |  |
| **If “NO” please explain why not:** |
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| **Money you pay out** |
| **Tell us about the money you expect to pay out at your new property.** **Do not include any costs at your current property unless these are moving with you.** |
| **Expenditure Type** | **Amount** | **How often do you pay it?** |
| **Rent arrears**  | £ |  |
| **Gas** (forecast for new tenancy) | £ |  |
| **Electricity** (forecast for new tenancy) | £ |  |
| **Food and Housekeeping (cleaning etc…)** | £ |  |
| **TV License** | £ |  |
| **Water** (forecast for new tenancy) | £ |  |
| Will your water be charged by rates or by a meter? (please specify) | **RATES / METER** |
| **Child Maintenance Payments** | £ |  |
|  |
| **Landline Phone** (forecast for new tenancy) | £ |  |
| If you are under contract please tell us when the contract started | / / |
| **Mobile Phone** | £ |  |
| If you are under contract please tell us when the contract started | / / |
| **TV Subscription** | £ |  |
| If you are under contract please tell us when the contract started | / / |
| **Internet** | £ |  |
| If you are under contract please tell us when the contract started | / / |
| **Please tell us which if any of these items are combined** |
| **Have you approached the providers of the above items to ask them to reduce or cancel your charges?** |  **Yes No** |
| **If “YES” please tell what was the result?****If “NO” we may ask you to do so before we can proceed with your application** |
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| **Pet food** | £ |  |
| **Pet other** (please specify) | £ |  |
| **Please tell us what pets you have:** |
|  |
| **Expenditure Type** | **Amount** | **How often do you pay it?** |
| **Vehicle MOT/Repair**  | £ |  |
| **Vehicle Road Tax** | £ |  |
| **Vehicle Insurance** | £ |  |
| **Petrol** | £ |  |
| **Public Transport** | £ |  |
|  |
| **Adult Care Costs (please list your costs)** | £ |  |
| **Childcare costs (not met by Tax Credits – please list your costs)** | £ |  |
| **Health/disability costs e.g. prescriptions (please list your costs)** | £ |  |
| **Money you pay out - continued** |
| If you have an expenditure which has not been listed please use these blank spaces to tell us about it |
| **Expenditure Type** | **Amount** | **How often do you pay it?** |
|  |  |  |
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| Please note: we expect you to reasonably reduce your expenditure wherever possible in order to prioritise the payment of your rent.**If we feel you have used a figure which is unrealistic we may choose to reduce it to a lower figure or may ask you to provide evidence before we can proceed with your application** |
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| **Money you owe**  |
| **Debt type** | **Repayments**  | **Balance outstanding** |
| Credit card | £ | £ |
| Loans | £ | £ |
| Hire Purchase | £ | £ |
| Catalogue | £ | £ |
| Social fund loans | £ | £ |
| Court fines | £ | £ |
| Overpayment of benefits | £ | £ |
| Over payment of tax credits | £ | £ |
|  | £ | £ |
|  | £ | £ |
|  | £ | £ |
| **Have you approached any of your creditors to ask them if they can reduce or suspend your repayments?** |  **Yes No** |
| **If “YES” please tell what was the result?****If “NO” we may ask you to do so before we can proceed with your application** |

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| **Your new landlords payment details** |
| If we decide that we can help you, we will need you landlord’s bank account details. Please provide these below. (Please note that we can’t make payments into post office accounts). |
| Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sort code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Roll number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If applicable) |
| **Other information**Please give full details regarding why you need this support and provide us with any other information you would like to support your application. Continue on a separate sheet if required. |
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| **Declaration** |
| I the undersigned have read and understood the following and hereby declare that;● The information given on this form is full, correct and complete and that if I knowingly provide incorrect or incomplete information, I may be liable to prosecution or other action under the Social Security Administration (Fraud) Act 1992.● I will inform Shropshire Council of any information that may affect the outcome of my application after I have made it. If I do not, I may have to pay some or all of the award back.● I understand that Shropshire Council will use the information provided in my Housing Benefit/Council Tax Support application when considering an award.● I understand that Shropshire Council may share the information on this form or make enquiries with other government organisations and interested third parties to assist with my welfare, if the law allows.  ● I understand that Shropshire Council may contact these organisations to gather or share information to help make a decision on my application and to prevent fraud.● I understand that if someone else has helped me to complete my form, Shropshire Council may contact that person to gather additional information. ● I agree that Shropshire Council will contact my support worker if I have one, to gather any other relevant information that will help them make a decision on my application, and may inform them of the DHP decision, recommendations attached to the decision and any other information deemed to be relevant in my case, and hereby give my permission.● I understand that if Shropshire Council believe I will benefit from support, they will refer me for assistance from the support organisation SUSTAIN or from Shropshire Support Partnership.● I understand that Shropshire Council reserve the right to assume a reduced expense figure if they feel the expenditure I have stated is significantly high. |
|  |
| Signatures: |
| **Customer**  | **Partner** |
| Signature | Date | Signature | Date |
|  |  |
| **To be completed by your Support Worker if assisting to complete this form:** |
| I have assisted the applicant to complete the form with details they have provided.I declare that as far as possible I have confirmed with the applicant that the information I have written on this form is correct. |
| Name | Signature | Date |
|  |  |  |