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|  | Revenues & Benefits  P O Box 4749  SHREWSBURY  SY1 9GH  Contact: Benefits Service  Direct Line: 0345 678 9001  Email: benefits@shropshire.gov.uk  Ref:  Date: |

Dear

**Discretionary Housing Payments (DHP) Application, shortfall of Housing Benefit or Universal Credit for housing costs**

Please find attached an application for a Discretionary Housing Payment (DHP).

Please make sure that you provide as much information as you can to explain your circumstances, especially money that you are having to pay out and why this is. This will help us to make a fair decision on your application.

If you have a support worker, please let them know that 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.

You may be able to get a discretionary payment if the amount of your Housing Benefit (or Universal Credit where this is paying for housing costs) is less that the rent you are liable for. To qualify for one of these discretionary payments you must first be entitled to Housing Benefit or Universal Credit for housing costs. We cannot use them to help with other shortfalls between your income and outgoings.

Discretionary payments are expected to be temporary for most people. This application form therefore asks what steps you are taking to make changes that could help. This might be altering your living situation or making changes in your finances where you can.

If we award a discretionary payment, there may be things that we will expect you to do in return to find longer term solutions. It is very important that you act on these as we may refuse to award a payment if we feel that you are not willing to do as we suggest.

Shropshire Council has a limited amount of money available to spend and whilst we may not be able to help everyone who asks for our help we will use these payments to help avoid hardship or homelessness, particularly for more vulnerable people and to help people through family crisis or difficult life events.

If we agree to make an award, we will write to tell you how much you will be paid and for how long. 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**

To be considered for a DHP award you have to show that your housing costs are causing you financial difficulty. We will always consider your individual circumstances.

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| **For office Use** | **Reference Number:** |
| **Date of Issue:** | **Date Received:** |

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| **About you** | | | |
| **Forenames** |  | **Surname** |  |
| **Address** |  | | |
| **Post Code** |  | **National Insurance Number** |  |
| **Date of Birth** |  | **Email Address** |  |
| **Home Telephone** |  | **Mobile Telephone** |  |

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| **About your partner (if applicable)** | | |
| **Their Name** | **Date of Birth** | **National Insurance Number** |
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| **People who live with you (if applicable)** | | |
| **Their Name** | **Date of Birth** | **Relationship to You** |
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| **About your housing costs** | | | | | | |
| **Prior to moving to your current property did you check to see how much help you would receive towards your housing costs to see if the property was affordable to you when you moved in?** | | | **Yes** |  | **No** |  |
| **Are you Currently under threat of eviction or had a Notice Seeking Possession?** If **“Yes”** please provide evidence of this | | | **Yes** |  | **No** |  |
| **Do you have rent arrears at your current property** | | | **Yes** |  | **No** |  |
| If **“Yes”** how much. | **£** | Please send a copy of your rent account. | | | | |
| **Have you discussed a plan to repay these arrears with your landlord or support worker?** | | | **Yes** |  | **No** |  |
| If **“Yes”** what was the outcome of this discussion?  **If you have a rent shortfall how have you been paying this up to now and what has changed to prevent you from continuing to meet the shortfall.** | | | | | | |
| **Have you previously applied for help through the DHP scheme?** | | | **Yes** |  | **No** |  |
| If **“Yes”** please tell us what action you have taken to follow any recommendations or conditions we made as part of that award, if you haven’t taken any action please explain why not. | | | | | | |
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| **Reason for application / 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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| **If you are getting help or support** | | | | |
| **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 was the outcome of any discussions you have had with your support worker?** | | | | |

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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 your property been specially adapted to suit disability or health needs?** | | | **Yes No** | | | | | | | | |
| If **“YES”** please give details below; | | | | | | | | | | | |
| **Is there any other reason that poor health or disability makes it difficult for you to move to another property?** | | | **Yes No** | | | | | | | | |
| If **“YES”** please give details below; | | | | | | | | | | | |
| **If you require an extra room because of your disability or care related equipment or for any other health related reason please explain below;** | | | | | | | | | | | |
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| **About your rent shortfall** | | | | | | | | | | | | |
| **Has your help towards your rent been reduced because you have been told you have more bedrooms than you require?** | | | | **Yes** |  | | | **No** | |  | | |
| **Are you willing to find cheaper or more appropriately sized accommodation?** | | | | **Yes** |  | | | **No** | |  | | |
| **Have you asked your landlord if they are willing to reduce the amount of your rent?** | | | | **Yes** |  | | | **No** | |  | | |
| If **“Yes”** what was the outcome of your discussion?  *If “****No****” we may ask you to do so ask part of any DHP decision.* | | | | | | | | | | | | |
| **Please explain what steps you have already taken to find cheaper or more appropriately sized accommodation.** | | | | | | | | | | | | |
| **Please tell us about any further action you intend to take in order to find cheaper or more appropriately sized accommodation?** | | | | | | | | | | | | |
| **Have you registered with Shropshire Homepoint?** | | | | **Yes** |  | | | **No** | |  | | |
| If **“YES”** on what date did you register? |  | | | | | | | |  | | | |
| **Please provide proof of your registration and bidding history** | | | | | | | | | | | | |
| **If you are NOT willing or able to find cheaper or more appropriately sized accommodation please explain why?** | | | | | | | | | | | | |
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| **Are you or anyone else living with you pregnant?** | |  | | **Yes** |  | | | **No** | |  | | |
| **If “Yes” who is pregnant?** | | | | | | | | | | | | |
| **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.** (Please clarify the amount in the relevant column**).**

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| **Income Type** | **Weekly** | **Fortnightly** | **4 Weekly** | **Monthly** |
| Your Earnings | £ | £ | £ | £ |
| Your Partners Earnings | £ | £ | £ | £ |
| Income Support | £ | £ | £ | £ |
| Job Seekers Allowance | £ | £ | £ | £ |
| Employment and Support Allowance | £ | £ | £ | £ |
| Universal Credit Personal Element | £ | £ | £ | £ |
| Universal Credit Housing Element | £ | £ | £ | £ |
| Statutory Sick Pay | £ | £ | £ | £ |
| Maternity Pay | £ | £ | £ | £ |
| Working Tax Credit | £ | £ | £ | £ |
| Child Tax Credit | £ | £ | £ | £ |
| Child Benefit | £ | £ | £ | £ |
| Child Maintenance | £ | £ | £ | £ |
| Board From a Family Member | £ | £ | £ | £ |
| Board from Lodger | £ | £ | £ | £ |
| Attendance Allowance | £ | £ | £ | £ |
| PIP Living or DLA Care | £ | £ | £ | £ |
| PIP or DLA Mobility | £ | £ | £ | £ |
| Industrial Injuries Disablement Benefit | £ | £ | £ | £ |
| State Retirement Pension | £ | £ | £ | £ |
| Pension Credit | £ | £ | £ | £ |
| Private Pension | £ | £ | £ | £ |
| War Pension | £ | £ | £ | £ |
| Other Income: | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
| **TOTAL** | **£** | **£** | **£** | **£** |

**If you are in receipt of Universal Credit you will need to provide both your Universal Credit award letter and proof from your landlord detailing your current renal liability.**

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| **Income (continued)** |

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| **Have you opted to use your DLA or PIP mobility to obtain a Motability Vehicle?** | **Yes No** | | | | | |
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| **Do you have a non-dependant living in your household?** | | **Yes** |  | **No** |  | |
| (By non-dependant 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 the don’t pay board, please explain why:** | | | | | | |
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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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| **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/capital** | **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). | | |

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| **Please explain any large withdrawals from your bank accounts below** |
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| **Expenditure** |

**Please tell us about the money you regularly pay out.** (If we feel that you have used a figure that is unrealistic we may choose to reduce it to a lower figure or request evidence to verify this)

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| **Expenditure Type** | **Weekly** | **Fortnightly** | **Monthly** |
| Rent | £ | £ | £ |
| Water | £ | £ | £ |
| Electricity | £ | £ | £ |
| Gas / Heating Oil | £ | £ | £ |
| TV License | £ | £ | £ |
| TV Subscription | £ | £ | £ |
| Home Telephone | £ | £ | £ |
| Mobile Telephone | £ | £ | £ |
| Internet | £ | £ | £ |
| Food and Housekeeping | £ | £ | £ |
| Meals at Work | £ | £ | £ |
| Home Insurance | £ | £ | £ |
| Life Insurance | £ | £ | £ |
| Public Transport | £ | £ | £ |
| Car MOT | £ | £ | £ |
| Car Tax | £ | £ | £ |
| Car Insurance | £ | £ | £ |
| Petrol / Diesel | £ | £ | £ |
| Clothing and Shoes | £ | £ | £ |
| Pet Food (please state what pets you have) | £ | £ | £ |
| Pet Insurance | £ | £ | £ |
| Child Maintenance Payments | £ | £ | £ |
| State any expenditure related to **Child Care** below: |  |  |  |
|  | £ | £ | £ |
|  | £ | £ | £ |
| State any expenditure related to **Disability** below: |  |  |  |
|  | £ | £ | £ |
|  | £ | £ | £ |
| State any **other** expenditure below: |  |  |  |
|  | £ | £ | £ |
|  | £ | £ | £ |
|  | £ | £ | £ |
| **Total** | **£** | **£** | **£** |

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| **Outstanding debts** |

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| **Debt** | **Nothing Paid at Present** | **Weekly** | **Fortnightly** | **Monthly** | **Balance Outstanding** |
| Credit Card |  | £ | £ | £ | £ |
| Loans |  | £ | £ | £ | £ |
| Hire Purchase |  | £ | £ | £ | £ |
| Catalogue |  | £ | £ | £ | £ |
| Social Fund Loan |  | £ | £ | £ | £ |
| Benefit Overpayment |  | £ | £ | £ | £ |
| Tax Credit Overpayment |  | £ | £ | £ | £ |
| Court Fines |  | £ | £ | £ | £ |
| Rent Arrears |  | £ | £ | £ | £ |
| Council Tax Arrears |  | £ | £ | £ | £ |
|  |  | £ | £ | £ | £ |
| **Total** |  | **£** | **£** | **£** | **£** |

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| **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? | | | | |
| **Have you engaged with debt advice services in order to clear or to re-structure your debts?** | **Yes** |  | **No** |  |
| If **“Yes”** please tell us who with and the result?  *If you have not spoken to your creditors or sought independent debt advice you may be asked to do so as part of any DHP decision.* | | | | |

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| **Contracted Expenditure** |

**Please tell us if any of your stated expenditure is under contract and when it expires.**

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| **Contracted Expenditure Type** | **Company Contracted to** | **Contract Expiry Date** |
| Home Telephone |  |  |
| Mobile Telephone |  |  |
| Internet |  |  |
| TV Subscription |  |  |
| State any other contracted expenditure below: |  |  |
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| **Are you asking for a backdated award of DHP?**  *Please give full reasons. You will need to explain why you have not applied earlier and will need to be able to demonstrate good cause for the late application. Please also state the date you want your DHP to be paid from.* | | | | |
| **I want my DHP to be paid from this date:……………..…………………………………………….**  **My reasons are as shown below.** *(Continue on a separate sheet if necessary).*  **………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………** | | | | |
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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 |
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| **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 |
|  | |  | |  |