

APPLICATION FOR A DISCRETIONARY PAYMENT (W)

Name			
Address			
		Postcode	
Email:			
Contact Number			
National Insurance Number		Date Of Birth	
Council Tax Number (if known)		Claim Number	
Please indicate below what help you need.			TICK <input checked="" type="checkbox"/>
Help towards Council Tax			
Help towards rent			
If you are a Support/ Advice worker/ Agent/ Family Member/ Appointee completing this form on behalf of someone else please complete below.			
Name		Organisation	
Address			
Postcode		Contact Number	
Permission to discuss this application with the above Support/ Advice worker/ Agent/ Family Member/ Appointee			
I hereby give permission to discuss my claim with the above person			
Signature		Date	
Print Name			

About your household

Please tell us about all the people who normally live with you, such as a partner, children and any other adults.

Name	Relationship to you	Date of Birth	National insurance number	Weekly Income	Type of Income (eg Earnings, state benefits)

****You will need to provide evidence of their income****

If you pay rent

Who do you rent your property from?

Address

Postcode

Permission to contact you Landlord

Do you give us permission to contact your landlord if we need to confirm any of the details in respect of your rent or your arrears? (we will not share personal or household circumstance with your landlord but would discuss any rental liability, arrears or repayments.)

Yes

No

About your Rent

How much is your Rent

£

Do you currently have any rent arrears?

Yes

No

How much are your arrears?

£

Could you afford the property when you first moved in.

If no why did you leave your previous address?

Have you tried to get your landlord to accept a lower rent?

Has your landlord taken any action to recover the amounts that you owe? If yes what action has been taken?

Have you discussed alternative housing with our housing options team? If yes are you on a re-housing list or applying for an alternative property ? Please give details

Do you have or any member of your family have health problems or disabilities which affect your housing needs?

If Yes please give details

Is there anyone else in your household who can help you pay your rent?

If yes, who can help you ?

If you live in a Housing Association property have you asked your landlord about downsizing to a property with less bedrooms ?

Please explain in detail why you require Discretionary Housing Payments.

Please provide details of anything about your circumstances which will support your application. Please continue on a separate sheet if required.

Income and Expenditure

Please complete the details of your income and expenditure in respect of your household. State whether amounts are weekly, monthly, 4-weekly, quarterly , 6 monthly or annually

Income	£	How often	Expenditure	£	How often
Wages (Yours)			Full Rent/ Mortgage		
Wages (your Partner)			Council Tax		
Universal Credit			Life Insurance		
Income Support			House Insurance		
Child Benefit			Water rates		
Child Tax Credit			Electricity		
Working Tax Credit			Gas		
Housing Benefit			Mobile Phone		
Job Seekers Allowance			Food/ General Groceries		
Employment Support Allowance			Maintenance you pay for children elsewhere		
Statutory Sick Pay			TV Licence/Subscriptions		
Maintenance			Internet/ Landline		
SMP/ Maternity Allowance			Credit Cards **		
State Retirement Pension			Loan repayments **		
Pension Credit			Store cards / Catalogue**		
Private Pension			County Court Judgments**		
Disability Living Allowance or Personal Independence Payment			Petrol/Diesel		
Attendance Allowance			Car Insurance /Road Tax		
Carers Allowance			Clothing		
Contributions from Boarders			Travel expenses		
Contributions from Non- Dependants			School Meals / Transport		
Other Income			Childcare		

**** Please list these overleaf and provide evidence for each of them**

List all your Bank Account here

Please list all of your and your partner's accounts : including accounts that are over-drawn or empty

Bank Name & account number	Type of Capital	Amount Held	Belongs to
<i>Example: Natwest 123456789</i>	<i>Current Account</i>	<i>Overdrawn</i>	<i>Me</i>
<i>Example: 123456ABC</i>	<i>Santander Shares</i>	<i>£240.00</i>	<i>Partner</i>

** List of people/companies you owe money to

Please write all your debts here and provide supporting evidence

Type of Debt	Company/ Person you owe	Amount Outstanding	Repayment Plan Amount	Frequency
<i>Example Debt</i>	<i>British Gas</i>	<i>£365.00</i>	<i>£40</i>	<i>Per Month</i>

Please give any further information that you feel may be relevant regarding loans and debts.

EVIDENCE	
Your application will not be processed unless all the documents are supplied	
We will need	Tick <input checked="" type="checkbox"/>
You will need to provide 2 months bank statements/transactions for all	
Proof of Income	Tick <input checked="" type="checkbox"/>
Wages—payslips latest 2 if monthly or 4-weekly paid or latest 5 if weekly paid	
Proof of Expenditure	Tick <input checked="" type="checkbox"/>
Proof of rent paid—receipts/rent book/statement from landlord	
Proof of your Universal Credit	Tick <input checked="" type="checkbox"/>
You only need to provide this if you do not have a Council Tax Support claim with us	
Proof of Debts	Tick <input checked="" type="checkbox"/>
Proof of Mortgage, second mortgage, arrears of mortgage, arrears letters etc..	
Proof rent Arrears—rent statement, arrears letters, possession orders, court orders	
Loans—proof of loan repayments, arrears letters, court orders etc.	
Utility Debts—Proof of Gas, Electric ,Water arrears letters, court orders etc.	
Maintenance arrears—Child Support Agency letters etc...	
Tax Bills - proof outstanding Tax owing	
****Only complete this section if you receive Universal Credit ****	
<p>If your application for an award is successful how do you want us to pay you? Please tick your choice and provide the required details where appropriate.</p> <p>N.B Please note that if your landlord is receiving managed payments from your Universal Credit we will pay any award direct to them to ensure security of your tenancy</p>	
I want my award to go to my landlord Yes <input type="checkbox"/> No <input type="checkbox"/>	Name Of Bank Account Holder Sort Code Account Number
I want my award to go to my bank account Yes <input type="checkbox"/> No <input type="checkbox"/>	Name Of Bank Account Holder Sort Code Account Number

Section 7. DECLARATION – please read carefully before signing.

I declare that this is a true record of my income and expenditure and all the information that I have given you is correct.

I agree that you will use the information I have provided to process my application for a Discretionary award and that you may check some of the information I have given with other sources as allowed by the law and the information may be shared with Citizens Advice Bureau if I am a client of theirs.

I have provided the necessary documents to support this request.

If I have a change of circumstances I understand that I must advise the Benefits Team and my entitlement to an award may be revised, reduced or stopped and I understand that if I receive a payment that I am no longer entitled to I may be required to repay any overpayment made.

Signature of applicant

Date:

Signature of person completing the form (if applicable)(Please see foot note)**

Date

IMPORTANT

HAVE YOU PROVIDED 2 MONTHS RECENT STATEMENTS FOR ALL OF YOUR BANK ACCOUNTS

HAVE YOU PROVIDED STATEMENTS FOR ANY LOANS / CREDIT CARDS / DEBTS LISTED ON THIS FORM?

YOUR APPLICATION WILL BE REJECTED IF YOU HAVE NOT PROVIDED THE ABOVE DOCUMENTS

**** If you are completing this on behalf of someone else please tell us why you have filled this form in for the person claiming?**