

Please Ask For: Benefit Services
Tel: 01626 215078
Email: revandbens@teignbridge.gov.uk



Name:		Reference Number:	
Address:		Date:	
Post Code			

Application for a Discretionary Housing Payment

What is Discretionary Housing Payments (DHP)?

DHP are payments to help people with their housing costs. Housing costs mean rent.

We cannot help with some parts of your rent, for instance if meals, heating, lighting hot water or water charges are included.

You must be getting Housing Benefit or the housing element of Universal Credit if you want extra help with rent.

The DHP fund is limited, which means we will not be able to help you if that limit has been reached. Unless there are exceptional circumstances awards made are short term, usually no more than 26 weeks and unlikely to exceed £25 – £30 per week.

How to apply for a Discretionary Housing Payment (DHP)

To help us decide if we can make you an award from the discretionary hardship fund please answer all the questions on this form.

If you need any assistance with completing this form or need it in another format, our contact details are listed below.

Please return the completed form to: Teignbridge District Council
Benefit Services
PO Box 2 Forde House
Brunel Road
Newton Abbot
TQ12 4YR

or e-mail to: revandbens@teignbridge.gov.uk

phone: 01626 215078

Office opening times are 9am - 4pm, Monday to Friday

Please use another sheet of paper if you need more room to answer any of the questions.

If you are requesting rent in advance or a deposit for a new property please tick here, and contact Housing Options on 01626 361101 before continuing

If you are receiving Universal Credit you need to please complete Part 2 at the end of this form

Your

- **name and day time contact number**
- **e-mail address**

Please note we may contact you about this claim. If you have any preference about the way you want to be contacted please let us know.

The address and post code that the Discretionary Housing Payment request applies to if different from the front page

When did you move (or plan to move into) into this address?

Could you afford the rent when you first moved in?

How much is the rent? £ **Weekly/ calendar monthly/ 4 weekly**

Are there any services included in the rent Yes/No

State what services

Heating

Lighting

Hot water

Cooking fuel

Meals

Other – specify

If you are in receipt of Universal Credit you will have to provide proof of the rent arrangement

If you have moved within the last 12 months what was your previous address and post code?

If you have moved within the last 12 months, why did you leave your previous address?

If you are asking for help toward a deposit or rent in advance

Have you had this help before? Give details

How much do you need?

Deposit £

Rent in advance £

Who else have you approached for assistance? Provide details of their reply.

Please confirm the address this refers to and **provide proof of the deposit or rent in advance that is required** by the landlord.

IMPORTANT

You must contact Housing Options first, 01626 361101 before filling in this form. You will have to complete an assessment with them and it must be clear that you can actually afford the property you want to rent.

Please tell me the date you contacted Housing Options and what they advised.

Discretionary Housing Payment can provide short term help for people who are working toward improving their situation so they can pay the rent without extra support in the future.

Please tick all that apply to you

Benefit Cap

Bedroom restriction in the social sector

LHA under 35 rules

LHA rates being less than the rent

Registered with Devon Home Choice

Living in a property that has been specially adapted to meet my, or the disability needs of a member of my family

Actively looking for alternative/smaller accommodation that I can afford

I will /trying to Increase working hours

Seeking employment or undertaking training with a view to getting work

Considered taking in a lodger

Waiting for medical treatment

Now tell us in more detail why you need Discretionary Housing payments and

- what action you are taking to improve your situation.
- what changes to your circumstances are you expecting in the future that will mean you can afford the rent without this additional help?

Please tell us how your accommodation is suitable for you (and your family) and/or why you should not have to move.

Tell me everything you want me to take into account what make the decision. You may want to tell me how a disability affects your choice of housing or the access to schools and service or a support network.

If the property has been specially adapted for you or a member of your family please tell me what adaptations have been made and who they are for.

This is about structural adaptations such as wheelchair access, ramps, hoists, drop level counter tops etc.

Please tell us how long you need Discretionary Housing Payments for
4 weeks 8 weeks 12 weeks 26 weeks Other/specify

26 weeks is usually the maximum time for an award – if you require DHP after this time you will have to make a new claim and it will be dependent on your circumstances.

What date would you like the help to start from and why?

If this is for a past period tell me why you did not apply before?

How much can you afford to pay yourself each month in addition to housing benefit or the universal credit? £

How much Discretionary Housing Payments are you asking for? £

Please tell us about any rent arrears you have
How much rent do you owe? £

When did the arrears start? From _____ to _____

What repayment plan have you agreed with the landlord? £ _____ every _____ in addition to the rent

What action has your landlord taken to recover the rent arrears?
(Please send a copy of any letters you have recently received from your landlord about the arrears.)

Court action <input type="checkbox"/>	Notice seeking possession <input type="checkbox"/>	Notice to quit <input type="checkbox"/>
a letter <input type="checkbox"/>	a payment plan <input type="checkbox"/>	
Other <input type="checkbox"/>	, please specify:	
Have you tried to negotiate a lower rent with your landlord? Yes <input type="checkbox"/> What was the result? No <input type="checkbox"/> Say why you have not done this		
If you do not have rent arrears, tell us how you have been managing to pay until now?		
Is there anyone else in your family who can help you financially?		
If there is anyone over the age of 18 living with you who is not in full time education, tell us what they contribute to the household expenses e.g. rent, food, utilities etc.		
Please tell us about what money or budgeting advice you have tried. You can take a look at our website for some useful links. Search for 'managing your money'.		

Family income and expenses		
You and your partner	Monthly or 4 weekly - state which	Weekly
Net earnings from employment		
Annual net profit income from self-employment	£	
Universal Credit <i>You must provide the award letter showing your entitlement relating to this address</i> <i>Does the award include the Housing Element?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Income Support / Jobseekers Allowance / Employment and Support Allowance		
Working Tax Credit		
Child Tax Credit		
Child Benefit		
Maintenance received		
Pension Credit		
State Pension / works pension		
Disability Living Allowance care Personal Independence Payment Care		
Disability Living Allowance mobility Personal Independence Payment Mobility		
Do you use your allowance for a Motability vehicle? Yes/No		
Carers Allowance		
Attendance Allowance		
Contribution from non-dependants		
Housing Benefit		
Other benefits		
Care funding		
Other income		
Total income	£	£

If any benefits have been sanctioned or reduced to recover a debt, please provide details of the full award, the amount of deduction and the deduction reason.

Your family outgoing payments	Monthly	Weekly
Rent		
Council tax after any discount/reduction/support		
Electricity		
Gas		

Water charge			
Food and household products			
Clothing			
TV licence / rental			
TV package / Internet			
Landline Telephone			
Mobile Telephone			
Home insurance / contents and buildings			
Car fuel/ transport			
Car maintenance, MOT, Insurance etc.			
Maintenance paid out for children			
Gifts			
School Meals			
Hobbies/Leisure			
*Adult care/disability related costs (provide details on a separate sheet together with information about funding you receive from Social Services for this)			
Pets			
Regular prescription charges			
Other outgoings (please say what they are)			
Debts e.g. credit cards / catalogues / arrears	Total owed	Monthly payment	Weekly payment
Court Fines			
Rent Arrears			
Water Arrears			
Gas Arrears			
Electric arrears			
Other/say what they are			
Total outgoing payments		£	£

You may be asked to provide evidence of out-going payments, debts, savings, self-employment income or other income

Capital

Please confirm what the total value of your capital is. This means all of your (and your partner’s if you have one) savings, investments, bonds, shares, property, land, etc. Tell us about all accounts even if they are overdrawn.

Send two monthly statements for each account.

Name of Bank or Building Society etc.	Account Number or Reference	Whose name is it held in?	Amount

Declaration

Please check that you have completed the form accurately and then read and sign the following declaration.

I understand all of the following:

- If I give information that is incorrect or incomplete you may take action against me. This may include court action
- You will use the information I have provided to check my claims for Discretionary Housing Payments, or Housing Benefit. You may check some of the information with other council records and with other departments.
- I know that I must let Benefit Services know about any changes in my circumstances that may affect my claim.

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

Signature of person claiming

(This must be the same person who made the claim for Housing Benefit or Universal Credit)

Today's Date

If someone else has helped you complete this form, please give their details here:

Full Name

Relationship to you

Do you give permission to discuss your application with anyone else e.g. landlord/family member/carer

Yes No

What is their name

What is their relationship to you

What is their telephone number

Bedrooms			
Bathrooms			
Toilets			
Kitchens			
Other rooms			

Do you have a garage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have central heating?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a garden?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have parking space?	Yes <input type="checkbox"/> No <input type="checkbox"/>

What type of tenancy do you have, e.g. assured short hold, license, site rent, tied, supported		
How long is it for?	From:	To:

Is your accommodation :	Furnished?		Partly furnished?		Unfurnished?	
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How much rent do you pay per week/month?	£	per
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Does your tenancy agreement include future rent increases?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Tell us how often the rent increases occur and the expected date of the next increase.	How often	Date of rent increase
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Do you have any weeks where you do not have to pay rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If so, how many rent free weeks do you have?	
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Are you behind with your rent?	Arrears £
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Tell us what services are included in the rent that is paid.			Notes:
Lighting of accommodation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hot Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fuel for cooking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes , tick which ones -
Breakfast:		Lunch:	Evening Meal:

Power	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cleaning of common areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Lighting of common areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Laundry equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Laundering by landlord	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Porter/Gardener	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Lift	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Council Tax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Water Charge	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
General Care and Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Emergency alarm	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Nursing/personal care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cleaning room / windows	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical expenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Services, TV, satellite or other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Subscription TV	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you pay separately for the above, please say how you pay for gas, electricity, water and the other services.			

What is your landlord's name, address post code and telephone number?	Name	Address
	Telephone Number	

If your landlord has an agent who acts for him, please tell us their name, address, post code and telephone number	Name	Address
	Telephone Number	

Are you, your partner or children related to or have been related to the landlord, the landlord's partner or agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to landlord or agent
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Have you or your partner ever owned the property you are now renting?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please explain		

Do you or your partner have a carer who lives somewhere else but provides regular overnight care in your home?	Yes <input type="checkbox"/> No <input type="checkbox"/> We may write to you about this
Do you need an additional bedroom for, <ul style="list-style-type: none"> • Foster children, • Your severely disabled child who is unable to share a room due to their disability • Your adult child, who normally lives you with but is away on operations in the armed forces 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> We may write to you about this

Please provide your tenancy agreement.

Signature of person claiming:		Print Name	
Date:			
Address & post code			
Telephone number			
Email			

Please make payments of Discretionary Housing Payments into my bank account as shown below:

The account can be in:

- Your name
- The name of your partner - Both the names of yourself and your partner.
- The name of the person who has authority to act on your behalf **or**
- In the names of yourself and the person who has authority to act on your behalf

It generally takes 2 working days to reach your account as cleared funds.

Please enter details of the bank or building society you want payment to be paid into. This may be the landlords' details

Name of Bank or Building Society		Account Number	
Address		Sort Code	
		Roll Number - where applicable	
Post Code		Name of the person as it appears on the account.	

I understand that it is my responsibility to check this bank account on a regular basis. I undertake to repay any payment made by Teignbridge District Council into this account if I am not entitled to it. I will tell Teignbridge District Council immediately if I move out of the address or cease to be entitled to Universal Credit.

Signed: _____ Date: _____

If you are asking for a deposit or rent in advance that should be paid to the landlord, please enter their account details and ask them to complete the following

Landlord name	
Address	
Contact number	
Email	
Signature	
date	