



Application for Discretionary Housing Payment

What is Discretionary Housing Payment?

This is a payment we can make to people in exceptional hardship who need extra help with their housing costs.

Who can apply for Discretionary Housing Payments?

You can apply for Discretionary Housing Payment if you receive Housing Benefit or the housing costs element of Universal Credit.

Do not fill in this form if you do not receive Housing Benefit or the housing costs element of Universal Credit as you will not be entitled to claim.

How can I apply for Discretionary Housing Payment?

Fill in this form and send it to us straight away. You will need to answer all the questions or it may delay your claim.

We only have a limited amount of money for Discretionary Housing Payments, so not all applications will be successful.

Discretionary Housing Payments are not a long term solution for financial difficulties.

Part A - About you

Your full name	
Address and post code	
Telephone number	
Your email address	
National Insurance number (NI)	

Part B - About you and your family

1. Do you currently receive Housing Benefit or the housing costs element of Universal Credit? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', go to question 2 If 'no', you are not eligible for a Discretionary Housing Payment
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2. When did you move into your current address?	/	/
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3. Please tell us your last address:

4. Please tell us your reason for moving:

5. Could you afford to pay your rent when you first moved into your property? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', how did you afford to pay it? If 'no', why did you take on the property?
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What do you need help with, why and how much?

Part C - About your rent

6. If you are renting from a private landlord, have you asked your landlord to reduce your rent?

Yes

No

If 'yes', please answer 6a and 6b below

If 'no', please contact your landlord to negotiate a reduced rent

6a) When did you do this?

6b) What did your landlord say?

7. Are you behind with your rent payments?

Yes

No

If 'yes', please answer 7a and 7b below

If 'no', go to question 8

7a) How much are you in arrears? Please provide proof.

Please provide an explanation as to how the arrears arose in Part G.

7b) Have you received an eviction notice? Please provide a copy.

Yes

No

8. Have you tried to find a cheaper home?

Yes

No

If 'yes', please answer 8a and 8b below

If 'no', please answer question 8c below

8a) When did you do this?

8b) What was the outcome?

8c) If you have not tried to find a cheaper home please tell us why.

Part D - Other information

9. Are you on any housing waiting lists?

Yes

No

If 'yes', please give further details below

If 'no', please explain why not in Part G

9a) When did you go on the list?

9b) Whose list are you on?

9c) What banding have you been given?

9d) Please give details of any tenancies you have been offered or bids you have submitted.

This should include address, landlord, property size and rent amount.

10. Do you have any relatives or friends who could give you a place to live?

Yes

No

Could they or anyone who lives with you, help you with your housing costs?

Yes

No

11. Have you considered subletting any rooms in your property?

Yes

No

12. Do you or your family have health problems or a disability?

Yes

No

If 'yes', please give details below.

You will need to provide medical evidence if available, such as a letter from your doctor.

Part E - Special circumstances

Foster parents

Do you require an additional room due to foster care responsibilities?

Yes

No

If 'yes', please provide proof from Derbyshire County Council/foster agency.

Expectant parents

Are you or any members of your household expecting a baby within the next three months?

Yes

No

If 'yes', please confirm the due date

Significant birthdays

Are any members of your household due to turn 10 or 16 in the next three months?

Yes

No

If 'yes', please confirm their name(s)

Disabled needs adaptations

Has your home been substantially adapted to meet the disabled needs of a member of your household?

Yes

No

If 'yes', please provide details of the disabilities and adaptations in Part G.

Extra bedroom due to disability

Does any member of your household require an additional bedroom due to a disability?

Yes

No

If 'yes', please confirm who requires the extra bedroom, details of their disability and an explanation as to why an extra bedroom is required in Part G.

Overnight carer

Do you require an additional bedroom for an overnight carer?

Yes

No

If 'yes' please provide details in Part G.

Homelessness

Have you previously been homeless within the last 3 years?

Yes

No

If 'yes' please provide details in Part G.

Part E - Special circumstances continued

Son or daughter in the armed forces

Do you require an extra bedroom for a son or daughter in the armed forces who normally lives with you but is currently away on operations?

Yes

No

If 'yes', please provide details in Part G.

Member of household temporarily absent

Do you require an extra bedroom for a person who normally lives with you, but is temporarily absent? For example, they are in hospital, in care, in prison, working or studying away.

Yes

No

If 'yes', please provide details in Part G.

Suitability of current property

Are there any other reasons why you have to stay in your current home rather than find a cheaper property?

Yes

No

If 'yes', please explain why below.

Part F - Your income, savings, expenses and debts

We may request to see proof of yours and your partner's income.	Weekly	Monthly
Your wages	£	£
Your partner's wages	£	£
Company pension	£	£
Employment Support Allowance	£	£
Income Support	£	£
Jobseeker's Allowance	£	£
Child Benefit	£	£
Working Tax Credit	£	£
Child Tax Credit	£	£

Incapacity Benefit	£	£
Pension Credit	£	£
Disability Living Allowance (mobility)	£	£
Personal Independence Payments	£	£
Industrial Injuries Disability Benefit	£	£
Carer's Allowance	£	£
Universal Credit	£	£
Bereavement Allowance	£	£
Maternity Allowance	£	£
Statutory or Company Sick Pay	£	£
Other state benefits (state type)	£	£
Other state benefits (state type)	£	£
Other state benefits (state type)	£	£
Maintenance	£	£
Rental Income	£	£
Money from anyone who lives with you	£	£
Council Tax support	£	£
Student grants, loans, bursaries	£	£
Other income (state type)	£	£
Other income (state type)	£	£
Total income	£	£

Have you or your partner used the mobility component of Disability Living Allowance to obtain a car under the Mobility Scheme?

Yes No

Your spending (We may request to see proof of all regular spending)	Weekly	Monthly
Mortgage	£	£
Rent	£	£
Council Tax	£	£
Water charges	£	£
Gas	£	£
Electricity	£	£
Life assurance or endowment premiums	£	£

House phone	£	£
Mobile phone	£	£
TV rental and licence	£	£
Groceries	£	£
Alcohol	£	£
Toiletries	£	£
Clothing	£	£
Cigarettes or tobacco products	£	£
Travelling expenses	£	£
Car fuel	£	£
Car insurance	£	£
Road tax	£	£
Prescriptions	£	£
Private Health Schemes	£	£
Satellite or digital TV subscriptions	£	£
Internet costs	£	£
Childminding	£	£
Housing Benefit overpayments	£	£
Council Tax	£	£
Student grants, loans, bursaries	£	£
Other expenditure (state type)	£	£
Other expenditure (state type)	£	£
Other expenditure (state type)	£	£
Other expenditure (state type)	£	£
Total expenses	£	£

Please provide proof of the current balance outstanding for all of your debts	Current balance	Repayment amount & frequency
Rent arrears	£	£
Mortgage arrears	£	£
Unpaid Council Tax	£	£
Overdue water rates	£	£
Fuel debts: gas	£	£
Fuel debts: electricity	£	£
Magistrates' / Court fines	£	£
Unpaid maintenance	£	£
Credit cards	£	£
Catalogue	£	£
Payday loans	£	£
Other unsecured loans	£	£

Secured loans	£	£
DWP or HMRC overpayments	£	£
Social Fund debts	£	£
Other	£	£
Total debts		
	£	£

Do you have any bank, building society, post office or credit union accounts?

Yes No

If 'yes', please provide details below.

Name of bank or building society	Account number	Amount held

Please provide statements/passbooks for all bank building society, Post Office or credit union accounts for the last three months.

Do you have any shares / premium bonds?

Yes No

If 'yes', please provide details below.

Type of shares or bonds	Quantity held	Value

Part G - Any other information (Please tell us about anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to)

Part H - Sharing information with other parties

If you want to give us permission to discuss your application with your landlord, or another person who is assisting you with your application, please indicate below.

I give you permission to share information about my application for a Discretionary Housing Payment with:

My landlord

Citizens Advice Bureau

Derbyshire Law Centre

Somebody else
(please provide details below)

Name

Address

Contact Number

Part I - Declaration

Please read the following statements and sign below. We cannot deal with your application if you have not signed it.

- This is my claim for Discretionary Housing Payment.
- I will tell you if the information on any letter you send me is incorrect.
- The information I have given is true and complete.
- I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- I understand that you may check the information I have given on this form against council and Government records.
- I understand that you may use the information I have given in connection with this and any other claim I have made or may make for state benefits. You may give some information to other organisations, such as government departments, local authorities and private companies such as banks and organisations that may lend me money, if the law allows this.
I know that I must tell you if my circumstances change after I make this claim.

Part I - Declaration continued

Your signature:

Your partner's signature:

Date:

Date:

If someone else has filled in this form for you they must fill in the section below.
Please tell us why you are filling in this form for someone else.

I declare that I have read the information in this form back to the claimant and they have confirmed that it is a true statement of what the person has asked me to write.

Name of the person who filled in this form:

Their signature:

Date:

Relationship to claimant:

Our benefits office is open during the following hours:

Monday, Tuesday and Thursday

8.30am to 5pm

Wednesday

10am to 5pm

Friday

8.30am to 4.30pm

You can write to us at:

**Chesterfield Borough Council
Benefits section, Customer Service Centre,
PO Box 100
Chesterfield S40 1SN**

Telephone:

01246 345484

01246 345507

Guidance about entitlement is on our website:

www.chesterfield.gov.uk

You can email us at:

benefits@chesterfield.gov.uk

For independent advice you should contact the following:

Citizens' Advice Bureau

Derbyshire Unemployed Workers Centre

Derbyshire Law Centre



CHESTERFIELD
BOROUGH COUNCIL