



# Application for a Discretionary Housing Payment (DHP)

Claim number

## 1. Your Details

Name

Address

Main phone no.

Alternative phone no.

E-mail address

How long have you lived at this address?

Amount of any rent arrears  £

Have you been served with a notice to quit?

No

Yes  Call Housing Options on **528389** to apply.

How long do you need help (DHP) for?

If help is needed for less than a year please tell us the reason for this

## 2. Reason applying for a DHP

Tick all relevant boxes

<b>I have too many bedrooms for my needs</b>	<input type="checkbox"/>
<b>Myself or a member of my family is an approved foster carer</b>	<input type="checkbox"/>
<b>My home has been significantly adapted for a member of the family who is disabled or suffering from health problems?</b>	<input type="checkbox"/>
<b>My weekly benefit has been restricted to £384.62/£257.69 a week</b>	<input type="checkbox"/>
<b>Financial reasons</b>	<input type="checkbox"/>
<b>Health reasons</b>	<input type="checkbox"/>
<b>Other please state -</b>	<input type="checkbox"/>

**3. Foster Carers**

Are you or a member of your family an approved foster carer?

No

Yes

Answer the questions in this section and go to the declaration at the end of the form.

Who are you registered with as a foster carer?

Name of Agency

Address

Name of Social Worker

Telephone Number

**Please enclose any supporting evidence when you return this form.**

**4. Temporary Absence**

Is someone who usually lives with you a member of the armed forces on operations, or temporarily absent from the home such as a son or daughter at university?

No

Yes

If **yes**, give details

**5. Bereavement**

Have you had a bereavement within the last 12 months of a member of your family who lived with you?

No

Go to part 6

Yes

Answer the questions below

Name of the person

Relationship to you

Date of death

## 6. Medical Problems

Do you or a member of your family have a disability or any health problems?

No  Go to part 7

Yes  Answer the questions below

If **yes**, give details of any disability or health problems in the space below.

**Enclose any supporting evidence that you already have when you return this form, such as a copy of a care plan, occupational therapist or doctor's letter, hospital or clinic appointment card or medical certificates.**

Is a bedroom used by a carer who does not live in your home to provide overnight care?

No  Yes

If **yes**, tell us who the care is needed for, who provides the care and how often the overnight care is provided.

Has the property been significantly adapted for a member of the family who is disabled or suffering from health problems?

No  Yes

If **yes**, please give details

Does this disability or health problem mean you need more bedrooms than you are allowed under the benefit rules? No  Yes

For example this might be because a disabled person is unable to share with someone else because of the disability, or a room may be used to store equipment or used for treatment.

If **yes**, please give details.

Does this disability or health problem mean that there are additional costs to be met, such as costs for medicines, transport for treatment, or child care? No  Yes

If **yes**, please give details.

## 7. Finances

Please provide as much detail as possible of your weekly income and outgoings.

Income	Weekly Amount	Outgoings	Weekly Amount
Income Support		Full Rent due	
Jobseekers Allowance		Water Rates	
Employment and Support Allowance		Council Tax	
Universal Credit		Food	
Child Benefit		Household items	
		Baby items, nappies, etc	
State Retirement Pension		Clothes, shoes, etc	
Works Pension		Gas	
Pension Credits		Electricity	
Wages		Telephone	
		Mobile Telephone	
		Internet	
		T.V. License	
		Launderette	
Maintenance		Credit Card Payments	
Child Tax Credit		Catalogue	
Working Tax Credit		Home Insurance	
		Life Insurance	
Personal Independence Payment		Bus Fares	
D.L.A (Mobility)		Prescription Charges	
D.L.A (Care)		Medical Items	
Attendance Allowance		Car Expenses (Tax, Insurance etc.)	
		Petrol	
Housing Benefit		Social Fund Loan – outstanding £	
Local Council Tax Support		Crisis Loan – outstanding £	
		Other Loans – outstanding £	
Other Benefits/Income		Fines – outstanding £	
		Cigarettes	
		Pets	
		School Meals	
<b>TOTAL</b>		Childcare	
Savings/Capital Held		Pocket money	
Bank/Building Society accounts		Other Outgoings (Specify)	
ISA's			
Other (Specify)			
<b>TOTAL</b>		<b>TOTAL</b>	

If your weekly outgoings are higher than your weekly income please explain below how you are meeting your outgoings.

Does anyone living in your home other than your partner contribute to housing costs? No  Yes

If **yes**, give details of how much they currently contribute and if this can be increased?  
If **no**, please explain why no contributions are currently being made or they cannot be increased.

Have you taken any steps to improve your money problems yourself? No  Yes   
If **yes**, please give details.

Please give details of any other relevant financial issues.

### 8. Private Tenants

Do you rent your home from a private landlord? No  Go to part 9  
Yes  Answer the questions below

Why did you choose to move to this property?  
Tell us if you had to move quickly because you were fleeing violence, or of any reasons why you need to live in this location.

Were you able to afford the rent when you moved in? No  Yes

If **no**, give details of;

- why you took on the tenancy if you could not afford it,
- any housing benefit advice you sought before taking on the property, and
- any other properties you considered before moving in.

If **yes**, explain the reason you are now unable to afford the rent?

Have you asked your landlord to reduce the rent charged? No  Yes

If **yes**, give details

### 9. Alternative Accommodation?

Have you taken any action to find smaller or cheaper accommodation or do you have any plans to do so? No  Yes

If **yes**, give details, such as registering with other landlords for accommodation or requesting a transfer to another property with the same landlord.

Would you or any other people living with you have difficulty moving home? No  Yes

If **yes**, give details.

## 10. Other Details

Is there anything else you would like us to know?

## 11. Help and Advice

The Council only has a limited amount of money available to spend on Discretionary Housing Payments and will not be able to help everyone who asks. We try to target the funds so that the most vulnerable people are helped. Any help given will normally be for a limited period.

Advice agencies such as Stockton and District Advice and Information Service, and Stockton Welfare Rights can help with longer term solutions, providing help and advice on;

- claiming welfare benefits
- dealing with outstanding debts, or
- budgeting and managing your finances,

**Would you like to be referred to an appropriate advice agency?**      No       Yes

I agree that the advice agency I am referred to can feedback the outcome of this referral to Stockton-on-Tees Borough Council.

**If you do not want to be referred to an advice agency please give reasons**

## Declaration

I have read or had read to me the above information and agree that it is correct.

I give authority for Stockton Benefits Service to confirm any information given on this form with the Department for Work and Pensions, my landlord/landlady or any other department of the Council.

I understand that the information I have given may be shared with Stockton's Housing Options Team.

This authority also includes the release of any information regarding Back on Track (social fund replacement) loans.

**Signature**

**Date**