

# Discretionary Housing Payment application form

Customer name: .....

Customer's address: .....

Benefits reference: .....

Please complete this form if you would like extra help towards your housing costs. To help us respond properly to your request, we need as much information about your circumstances as possible.

Please use the box overleaf to let us know why you think you need extra help and provide **documentary evidence** to support your application. For example, if you are ill, you could provide a letter from your doctor or hospital.

**Please answer the following:**

Please confirm why you are applying for a discretionary payment? For example, the benefit cap, under occupation restriction, local housing allowance shortfall, a rent deposit or rent in advance.

Do you or a member of your family suffer from ill-health? Please give as much detail as you can and supply evidence to support this if possible.

Does the shortfall in your benefit particularly affect any children in your family?

What schools do your children attend?

Has your landlord taken any steps to evict you due to rent arrears caused by a shortfall in your benefit?  
If yes, please give details.

Have you taken any steps to ease your financial problems? For example, have you asked your landlord to reduce your rent, seen a debt counselor or seen one of the council's housing advisers? If yes, please let us know what you have done.

Have your circumstances changed recently causing you hardship? If yes, please let us know when the change happened and what the change was.

Do you have any exceptional outlay, such as debt repayments, that we should take into consideration?  
Please provide evidence of this if possible.

Have you considered moving to cheaper accommodation? If you have, please tell us what you have done; if you haven't, please tell us why not.

Are you registered on the council's housing list? If so, have you been made an offer of accommodation or alternative housing?

Do you or any member of your family have any special needs?

Do you require an additional room for a carer? If yes, please provide details of the agency used for this care.

Are you in rent arrears? If yes, how much is the arrears and how many weeks does this represent?

Rent arrears?	Yes / No	
If 'Yes' how much are the arrears?		£.....
How many weeks rent does the arrears represent?		.....

Now please complete the following form detailing your income and expenditure.

**Remember to include documentary evidence to support your application.**

Name: ..... Reference no: .....

Address: .....

Number of people in my household: .....

	<b>Income</b> Weekly/Monthly*		<b>Outgoings</b> Weekly/Monthly*
	£		£
<i>*please delete as appropriate</i>		<i>*please delete as appropriate</i>	
Your net wages		Rent	
Your partners net wages		Council tax	
JSA (IB)/JSA (C)		Water rates	
Income Support		Electricity	
Working Tax Credit		Gas	
Child Tax Credit		Housekeeping	
Child Benefit		Court fines	
Occupational/private pension		Maintenance payments	
State Pension		Travelling expenses	
Pension Credit (including Savings Credit)		School meals/meals at work	
Bereavement Benefit		Clothing and shoes	
Non-dependents contribution		Laundry	
Disability related benefits		Telephone/mobile	
Employment and support allowance		Prescriptions	
Carers Allowance		Childcare costs	
Housing Benefit		Building/contents insurance	
Council Tax support		Other, please specify:	
Maintenance/child support		1.	
Student loan/grant		2.	
Universal Credit		3.	
Any other income, please specify:		4.	
<b>Total income</b>	<b>£</b>	<b>Total outgoings</b>	<b>£</b>
<b>Total income</b>		<b>£</b>	
<b>Take away total outgoings</b>		<b>£</b>	
<b>Remaining income</b>		<b>£</b>	

I confirm this is an accurate record of my financial position as at: .....

We need to monitor how we distribute the payment. Please help us to do this by ticking the boxes which you feel best apply to you.

White		Black		Asian		Other	
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Other information you would like to add.

If there is any additional information you feel may be relevant, please provide details. If you need help completing this form the following organisations may be able to assist you:

<p>Benefits Take Up Service SBC in partnership with arvato Amit Kohli <b>01753 772109</b> Noor Shah <b>01753 772108</b></p>	<p>Welfare Rights MyCouncil Landmark Place High Street, Slough SL1 1JL <b>01753 475111</b></p>	<p>Age Concern Slough The Village, Buckingham Court, 102 -110 High Street Slough SL1 1HL <b>01753 822890</b></p>	<p>Housing Advice Service MyCouncil Landmark Place High Street, Slough SL1 1JL <b>01753 475111</b></p>
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Please remember to sign your name in the box below. If someone else has completed the form for you, please make sure they sign it too, then return to MyCouncil or send it to Slough Borough Council Benefit Service, PO Box 1032, Slough, Berkshire SL1 3YT.

We will let you know the outcome of your request as soon as possible. If it is refused we will let you know why. You can appeal if you are refused by writing to: The Benefits Manager, PO Box 580, Slough SL1 1 FB

<p>Your signature</p> <p>.....</p>	<p>If you have completed this form for someone else, please sign below</p> <p>.....</p> <p>Your relationship to them</p> <p>.....</p>
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If you have any further queries, please do not hesitate to contact the benefits service.