

This application form should be filled in by the person who needs the help. If you find it difficult to fill in this form there is some useful guidance for each section at the back designed to help or someone else can fill it in for you. If you are filling in this form for someone else, you must complete it with the applicant's details and then provide your details at Section 7.

Section 1 About you

Name:	
Case Reference:	
Current Address:	
Date:	

Section 2 About the property you intend on moving into

Address:	
Landlords name	
Landlords telephone number	
The date you intend on moving in	
Total amount you require	£
Have you signed your tenancy?	YES / NO
Do we have permission to speak to your landlord regarding the amounts required?	YES / NO

Section 3 Reasons you require help

Please tell us why you need help from this fund, giving as much information as possible.

(this gives you an opportunity to provide a full explanation of what your circumstances are and why you need extra help with your housing costs)

(please continue on a separate sheet if required)

Section 3 Your personal circumstances

Why do you need to move to this address? (please state any specific reasons e.g. accommodation adapted specifically for your needs, do you provide / receive care and support, schooling, health reasons, affected by welfare reforms)

(please continue on a separate sheet if required)

Regular Income

Please complete this section regarding all incomes you and your spouse or partner get.

Income	How much?	How often? w-weekly, f-fortnightly, fw- four weekly, cm-calendar monthly
Net take home pay from all employment?	£	
Your spouse /partners income	£	
Income Support / JSA / Universal Credit	£	
Disability Living Allowance / Personal Independence Payments (Mobility)	£	
Disability Living Allowance (Care)	£	
Personal Independence Payments (Daily Living)	£	
Working Tax Credit	£	
Child Tax Credit	£	
Child Benefit	£	
State Pension	£	
Private Pension / Work Pension	£	
Do you receive any other DWP benefits? <i>(please specify)</i>	£ £ £	
Income received from other adults living in my house	£	
Any other income	£ £ £	
Total Income	£	

Section 5 Further Information

Will your personal or financial situation change in the next 6 – 12 months? (please give details)

Section 6 Supporting Information

Please provide relevant proof of your circumstances to enable us to consider your circumstances in full (this is not compulsory but to provide any relevant proof it will help us make a decision regarding your request for help with your Housing costs)

Please ✓ tick as appropriate

	Enclosed	To follow
Letter from Social/Welfare Agency	<input type="checkbox"/>	<input type="checkbox"/>
Letter from Doctor or hospital	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Loans	<input type="checkbox"/>	<input type="checkbox"/>
Court Orders/fines	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

Section 7 Declaration

I declare that the information given on this form is, to the best of knowledge, accurate and complete.

I understand that whilst this application for a discretionary housing payment is being considered I must still pay any rent due.

I understand it is an offence to deliberately make a false statement or withhold information in order to obtain a discretionary housing payment and to do so could result in Hull City Council taking action against me. This may include court action which could lead to prosecution.

I understand that information I have given to Hull City Council or other Government departments in relation to this or any other application for benefits or financial assistance may be used in connection with this or any other application as allowed by the law.

I understand that I must notify Hull City Council of any changes that may affect my entitlement to any discretionary housing payment that I may be awarded.

Signature of applicant :

Date :

If this form has been completed by someone else:

The person who has completed this form must provide their details and sign below to confirm that they have verified with the applicant that the information given is correct and that they have read the declaration and the applicant understands and agrees to it.

I have completed this form on behalf of the applicant because :

(please tick all boxes that apply)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I am their representative / appointee |
| <input type="checkbox"/> | The applicant has agreed for me to complete this form on their behalf |
| <input type="checkbox"/> | I have confirmed with the applicant that the answers given on this form are correct |
| <input type="checkbox"/> | I have read the declaration with the applicant and they agree and understand it |

Name and address of person / organisation
completing this form

Postcode

Daytime telephone number

Signature :	Date :
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Please return this form to:

The Revenues and Benefits Service,
Freepost RSJC-KKBE-ABXZ,
Hull City Council,
Po Box 15,
Hull.
HU1 2AA

Discretionary Housing Payments (DHP) are made from a limited fund. They can be made where:

- there is a shortfall between the amount of rent you have to pay and the Housing Benefit /Universal Credit Housing Element you receive
- a deposit and/or rent in advance is required to help you to move to more appropriate accommodation

An award cannot be guaranteed and it will only be paid for a limited period of time. You will need to tell us in as much detail as possible why you are in need of additional help. It is important that you state if you are in unusual or difficult circumstances due to you or your family's health, or you have any other problems, which may affect your ability to pay your rent.

As payments are made for a limited period of time a new application will be required, if at the end of your award you are still unable to pay your rent. Applications will be looked at on their own merits we will consider any action you may have taken to improve your situation, but a further award cannot be guaranteed.

Return the application as soon as possible. You will be told in writing of the decision, with reasons. Any information will be treated in confidence.

Section 1 - Please complete this section using the name and address of the person claiming Housing Benefit / Universal Credit that wishes to claim a DHP.

Section 2 - It is important for us to know the reasons why you are making your claim. Please tell us here what your situation is that makes you feel that you need help from the DHP fund. For example:

- Do you have special accommodation needs?
- Are you Pregnant? If so please provide details of your due date
- Are you providing essential care and support for someone?
- Have you had a recent change in your household members that means that your finances have changed?
- Are you expecting a child to live in your home in the near future?
- Has your income temporarily reduced?
- Are you affected by the under occupancy charge?
- Do you need a deposit or bond to help you move to more affordable accommodation?
- Are you struggling with debt issues?

It would help if you tell us what the consequences might be if you do not receive any extra help.

Section 3 - If you are finding it hard to meet the cost of the shortfall between your Housing Benefit/Housing element award and your rent please use this section to explain why you are not able to consider moving to more affordable accommodation. You need to explain why you need to stay in this accommodation. For example:

- The accommodation is adapted specifically for mine or my family's needs? Please state what it is that has been changed to suit your needs e.g. through floor lift, wet room etc
- Do you need to live in a specific type of property e.g. a ground floor flat?
- Do you provide care for a family member nearby?
- Do you receive support from a family member or friend nearby?
- Do you have a child that requires to go to a specific school?
- Is someone nearby helping you with childcare?

If you have any disabilities or health issues that cause you extra expense e.g. special dietary needs, medical products etc please give details and why you need these. These cost maybe periodic.

Section 4 – Income and Expenditure

- 1. Regular outgoings** – please detail all relevant payments you and your spouse / partner have to make and any outstanding arrears. If there is an expense not listed but the item is essential to you, please state what these items are in ‘other’ at the bottom. If you have any large debts, please give an indication of when you expect them to be paid off.
- 2. Care costs** - If you have to pay for any care or any special items that you need due to a disability or long term health issue, please state what these are, why you need them and the actual cost. Please include any larger items that you may need that you have to save up for weekly. Please detail how much you save each week towards each item.
- 3. Regular Income** – please detail all income that you and your spouse / partner receive on a regular basis.

Section 5 - Please use this section to tell us if any of your income or expenditure is going to change in the future and how long you expect your current situation to last. For example, are you expecting to have any changes in your circumstances which may affect your Housing Benefit award within the next year?

It would be helpful to understand the background about how you came to be in difficulties and what choices, if any, you can make to help your situation.

We need you to tell us what other organisations you have asked for help from in order to improve your situation. For example, if you are in privately rented accommodation, have you enquired about getting a Council house or other cheaper accommodation? Or if you are having trouble with budgeting your money, have you contacted The Wilson Centre or the Citizens Advice Bureau for debt advice?

Section 6 - This section asks you to provide any supporting evidence that may help your claim. You do not have to supply proofs, but it may help your claim as it will support your application.

If you do send evidence(s) please make sure your name and address are attached to it in-case it becomes detached from your application. If you do not want to supply original documents they can be photocopied for you at the Council’s Customer Service Centres.

Section 7 – This is your declaration to state that the information you have given is true and complete. You should sign and date this. If someone else completes it for you, they must sign the form themselves and date it, as well as stating their relationship to you and the reason why they have completed the form on your behalf, but you should still sign it yourself.

Decision of an award – Once we have received an application we will make a decision and inform you in writing with details of any award. If it is refused we will give reasons why.

Reviewing a decision - If you unhappy with the decision; how to ask for a review will be explained on your decision letter.

If you have any problems completing the form, help is available from any Hull City Council Customer Service Centre. If you would like to know where the most convenient office is please contact 300 303 as opening times vary.