

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

REQUEST FOR DISCRETIONARY HOUSING PAYMENTS

You should supply as much detail as possible so that we fully understand your situation. You will need to tell us about all the money you have coming into your household and all the money you pay out each week/month and provide your last two months' bank statements. **Your application may be held up if you do not supply your bank statements.**

Section 1: About Yourself

Benefit Ref (If you have one – it is usually shown on any letter we send you):.....
Name:
Address:
..... Postcode:.....

Section 2: About Your Housing

Please answer the questions below:

- 1. Did you ask for a Pre-Tenancy Determination to see how much benefit you would be likely to receive, prior to accepting the tenancy? (Private tenants only. This will only apply to private tenants where your claim started before 07/04/08) YES NO
If No, why not? If Yes, why did you accept this tenancy?

.....

- 2. Have you tried to negotiate a lower rent with your landlord? (Private tenants only) YES NO
If No, why not? If Yes, what was the outcome?

.....

- 3. Have you considered/tried moving to cheaper accommodation? (Private tenants only) YES NO

Please give details or give reasons for not moving.

.....

4. How much notice do you have to give your landlord if you want to move?

5. Could you live with relatives/friends?

YES NO

6. Has there been a death in the household in the past 12 months?

YES NO

If **Yes**, please give details.

7. What disabilities, health problems or special needs do you or any member of your family have?

8. Do you have rent arrears?

YES NO

If **Yes**, how much (**you must provide proof**).

9. Has your landlord taken any action against you to recover the arrears?

YES NO

If **Yes**, please tell us what action they have taken (**you must provide proof**).

Section 3: About Your Capital & Savings

10. Please list all of the bank accounts (including Post Office accounts) and other savings and/or invested money that you and your partner (if you have one) have. Please list all single name and joint accounts/savings/investments, even if the accounts are overdrawn or not used very often. **Please provide the latest 2 statements for each account.**

State the name of the bank(s) etc and the type of account(s) and the account number(s).

Section 4: Additional Information

11. If you have Sky/Cable TV, Internet, Phone contracts, please give the date your contract started and details of how long you are tied in to your current agreement.

12. If you own a car, please detail the make, model and age.

13. **You must use this space** to explain why you need extra help with your rent and/or council tax and to tell us anything else about your circumstances, which might be relevant to this application even if you think it is not very important. Tell us about any action you are taking to improve your future finances.

Section 5: Income & Expenditure**DISCRETIONARY HOUSING PAYMENT REQUEST - INCOME & EXPENDITURE**

Income	Claimant £	Partner £	How often	Expenditure	Amount	How often
Wages/Salary				Rent you pay (amount not covered by HB)		
JSA (Contribution based)				Council Tax you pay (amount not covered by CTB)		
JSA (Income based)				Water Rates		
Income Support				Court Fines		
ESA (Contribution based)				Maintenance/ Child Support payments		
ESA (Income related)				Telephone (Landline) (Mobile)		
Working Tax Credits				Insurance (Personal) (Home) (Health/optical/dental)		
Child Tax Credits				Household Fuel (Gas) (Electricity) (Other - please specify)		
Child Benefit				TV expenses (Licence) (TV/Video hire) (Sky/cable/digital TV)		
Maintenance/Child Support payments				Car expenses (Fuel) (Insurance) (Tax) (Maintenance)		
Retirement Pension				Travel expenses (Bus, train, taxi etc)		
Other Pensions				Household shopping (Food, toiletries etc)		
Pension Credits				Clothing		
Incapacity Benefit				School expenses (Dinners) (Children's clubs) (Other - please specify)		
Disability Living Allowance (Care)				Internet access		
Disability Living Allowance (Mobility)				Loan repayments/ HP payments		
Housekeeping/money from non-dependants				Catalogues/Shopping clubs		
Income from lodgers				Credit card payments		
Other benefits				Pension Contributions		
Other income (please specify)				Regular savings		
				Subscriptions		
				Cigarettes/tobacco		
				Alcohol		
				Entertaining/Eating out		
				Any other expenditure		
Income Total	£	£		Expenditure Total	£	£

Please provide evidence. Photocopies will be accepted.

If any of your expenditure includes arrears please provide evidence, eg rent arrears, telephone bill arrears.

Please specify purpose of loan/ hire purchase:		Balance in bank accounts	£
Remaining terms of loan/hire purchase:		Other Investments	£

Section 6: Payment of Discretionary Housing Payments

If your request is successful who would you like payment(s) made to? You Your Landlord

Section 7: Declaration

Please read this declaration carefully before you sign and date it.

Warning:

If you provide false statements, information or documents to support your claim or you continue to receive benefit when you knowingly fail to tell us about any relevant change of circumstances which happen after the date you make a claim, you will be guilty of an offence and may be prosecuted under the Thefts Acts 1968 and 1978 or the Social Security Administration Act of 1992.

I understand the following:

If I give information that is incorrect or incomplete, you may take action against me. You will use the information I have provided to process my claim for Discretionary Housing Payments. You may check some of the information with other sources within the Council, rent offices, and other Councils.

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

Signature: Date:.....

Print full name:.....

Daytime telephone number:.....

Data Protection:

The Council takes its obligations under the Data Protection Act very seriously and will not disclose information to any unauthorized person. If requested, information on names and addresses of individuals may sometimes be passed to other local authorities, public bodies and statutory utilities.

Contact

Please contact your local Council using the email, telephone or postal details below.

For personal visits please choose whichever location you prefer as we can now deal with enquiries or receive documents for both Councils at any of the contact points listed below.

Dartford Borough Council

Civic Centre, Home Gardens
Dartford
Kent
DA1 1DR

Tel: (01322) 343705

Fax: (01322) 343968

Email: benefits@dartford.gov.uk

DX: 142726 DARTFORD 7

Web: www.dartford.gov.uk

Main Office – Civic Centre, Dartford
Monday to Thursday – 8:45am to 5:15pm
Friday – 8:45am to 4:45pm

Town Council Offices, The Grove, Swanscombe
The Cash Office located at Swanscombe is open on Monday, Tuesday, Thursday and Friday – 9:00am to 1:00pm and is closed on Wednesday.

Sevenoaks District Council

PO Box 102, Argyle Road
Sevenoaks
Kent
TN13 1GT

Tel: (01732) 227000

Fax: (01732) 743052

Email: benefits@sevenoaks.gov.uk

DX: 30006 Sevenoaks

Web: www.sevenoaks.gov.uk

Main Office – Argyle Road, Sevenoaks
Monday to Wednesday – 8:45am to 5:00pm
Thursday – 9:30am to 5:00pm
Friday – 8:45am to 4:45pm

Swanley Tourist Information Centre/Library
Monday to Thursday – 9:30am to 5:30pm
Friday – 9:30am to 6:00pm
Saturday – 9:00am to 4:00pm
Benefits Surgery

Monday & Wednesday – 9:30am to 12:30pm

Edenbridge – the old Tourist Information Centre (attached to the Leisure Centre).

Benefits Surgery

Thursday – 1:30pm to 4:00pm

Hartley – at the Library on Ash Road
Benefits Surgery

Wednesday – 2:00pm to 4:00pm

WHAT DO I DO WHEN MY CIRCUMSTANCES CHANGE?

If your circumstances change at any time, please remember that you must tell the Council straight away. This includes, for example, if anyone in your household has a change in income or capital, someone has joined or left your household, Child Benefit has ended, you move, you or your partner have stopped being entitled to Income Support, Job Seekers Allowance (Income Based) or Guarantee Credit. These are examples only. If in doubt please tell us anyway.

If you are receiving Pension Credit and have a change of circumstances it is also advisable to contact the Pension Service and inform them of your change; their telephone number is 0845 6060265.

Equality Monitoring of Service Users Questionnaire

We want to ensure we shape and design our services around the local population. So that we can provide the services that meet your needs, we should be grateful if you would answer the questions below.

Your answers are key to us finding out about the profile of our customers and whether any of the services we provide need improving to meet particular needs.

We will publish reports showing how the information has contributed to improvements in our services. So you can see how the data is being used, reports will be available annually at www.sevenoaks.gov.uk/equality and in other formats on request. Your answers will not be used for any other purpose. Your Questionnaire will be separated from your Discretionary Housing Payments request form prior to assessment and will be kept **confidential** and **anonymous**.

Thank you for taking the time to answer these questions.

(1) What is your gender? (please tick)	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
(2) What is your ethnic group? (please tick)	
White <input type="checkbox"/> British <input type="checkbox"/> Irish Any other White background, please write in:	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian Any other Mixed background, please write in:
Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese Any other Asian background, please write in:	Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African Any other Black background, please write in:
Other ethnic group <input type="checkbox"/> Gypsy/Romany <input type="checkbox"/> Traveller	Any other, please write in:
(3) Do you have a disability?	
The Disability Discrimination Act considers a person disabled if: <input checked="" type="checkbox"/> You have a longstanding physical or mental condition or disability that has lasted or is likely to last at least 12 months, and <input checked="" type="checkbox"/> This condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities.	
Do you consider yourself to be disabled as defined under the Disability Discrimination Act above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please state the type of impairment which applies to you (tick any that apply) <input type="checkbox"/> Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches <input type="checkbox"/> Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment <input type="checkbox"/> Mental health condition, such as depression or schizophrenia <input type="checkbox"/> Learning disability/difficulty (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder) <input type="checkbox"/> Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy <input type="checkbox"/> Other (please specify):.....	

