

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

Date sent:

Case ref:

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

Name:

Address:

.....

.....Postcode:.....

Has your benefit been reduced due to one of the following?

- | | |
|--|--|
| <input type="checkbox"/> You are under 35 | <input type="checkbox"/> Under occupancy (too many bedrooms) |
| <input type="checkbox"/> Your rent has been restricted by the Rent Officer | <input type="checkbox"/> The LHA rate |
| <input type="checkbox"/> Your benefit has been capped | <input type="checkbox"/> The non-dependant deduction |

Section 2: About Your Housing

Please answer the questions below:

1. Are you a foster carer? YES NO

If **yes**, how many foster children do you currently have living with you?

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

3. Has your property been adapted for you or any member of your family? YES NO

4. Have you tried to negotiate a lower rent with your landlord? YES NO

(Private tenants only) If **no**, why not? If **yes**, what was the outcome?

5. Have you considered/tried moving to a cheaper or smaller accommodation? YES NO

Please give details or give reasons for not moving.

6. Could you take in a lodger/boarder? YES NO

7. Could a family member(s) contribute to the rent? YES NO

8. Could you live with relatives/friends? YES NO

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

10. Has there been a death in the household in the past 12 months? YES NO

If **yes**, please give details.

11. Do you have rent arrears? YES NO

If **yes**, how much? **(You must provide proof).**

12. Have you made an arrangement to pay back the rent arrears?

YES NO

If **yes**, give details. If **no**, why not?

13. 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**).

14. If this is a new or recent tenancy, before you signed the agreement did you:

■ Seek advice and, if so, from whom?

■ Find out the maximum Housing Benefit payable, and if so, from whom?

15. What long term action are you taking to help your problem in meeting your housing costs?

16. If you already received an award of DHP which is ending and you are re-applying because you still need help with housing costs, please explain what action you have taken during the period of your previous award to help your situation.

Section 3: About Your Capital & Savings

17. 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.

Your claim will not be processed without them.

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

Section 4: Additional Information

18. 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.

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

20. Is the car a motability car? If **yes**, please give details.

21. Do you pay for a home help or a carer to come in to your home to care for you?

If **yes**, please give details.

22. Have you any debts?

YES NO

If **yes**, from whom have you sought advice on how to clear the debts?

23. **Please use this space** if you wish to explain further why you need extra help with your rent 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 and Expenditure

DISCRETIONARY HOUSING PAYMENT REQUEST - INCOME & EXPENDITURE (Actual expenditure paid)

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		
JSA (Income based)				Water Rates		
Income Support				Court Fines		
ESA (Contribution based)				Maintenance/ Child Support payments		
ESA (Income related)				Telephone (Landline) (Mobile)		
Universal Credit (Notification letter must be provided)				Insurance (Personal) (Home) (Health/optical/dental)		
Working Tax Credits				Household Fuel (Gas) (Electricity) (Other - please specify)		
Child Tax Credits				TV expenses (Licence) (TV/Video hire) *(Sky/cable/digital TV)		
Child Benefit				Car expenses (Fuel) (Insurance) (Tax) (Maintenance)		
Maintenance/Child Support payments				Travel expenses (Bus, train, taxi etc)		
Retirement Pension				Household shopping (Food, toiletries etc)		
Other Pensions				Clothing		
Pension Credits				School expenses (Dinners) (Children's clubs) (Other - please specify)		
Incapacity Benefit				Internet access		
Disability Living Allowance: Care				Loan repayments/ HP payments		
Disability Living Allowance: Mobility				Catalogues/Shopping clubs		
Personal Independence Payment: Daily Living				Credit card payments		
Personal Independence Payment: Mobility				Pension Contributions		
Housekeeping/money from non-dependants				*Regular savings		
Income from lodgers				*Subscriptions		
Other benefits				Any other expenditure (please give details)		
Other income (please specify)						
Income Total	£	£		Expenditure Total	£	£

Please provide evidence of your outgoings. Photocopies will be accepted.

*** These payments may not be taken into account or reduced as they are not essential outgoings.**

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	£
Based on your budget, what is the most you can afford to pay towards your rent?			£ a week
If there are non-dependant adults living with you, how much can they afford to pay towards your rent?			£ a week

Section 6: Payment of Discretionary Housing Payments

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

If you are receiving Universal Credit please provide the bank details of where payments are to be made.

Bank account name:	
Account number:	
Sort code:	

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.

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:.....

Email:

Data Protection - how we collect and use information

All personal data is processed in compliance with the Data Protection Act 2018. We will not give information about you to anyone else, or use information about you for another purpose, unless the law allows us to. We may check information you have provided, or information that someone else has provided, with other information we hold. We may get information about you from certain third parties, or give them information to:

- make sure the information is accurate
- prevent or detect crime
- protect public funds
- make checks on undeclared co-habitors

These third parties include Government departments, local authorities and private sector companies such as banks and organisations that may lend you money.

Dartford Borough Council and Sevenoaks District Council are the data controllers. Any information you provide us with will be treated in accordance with our Privacy Notice which can be found at www.dartford.gov.uk for Dartford residents or www.sevenoaks.gov.uk for Sevenoaks residents.

If this form has been filled in by someone other than the claimant please complete below:

Signature: Date:.....

Print full name:.....

Relationship to person applying:.....

As far as possible I have confirmed with the person claiming that the answers I have given on this form are correct.

Note

Have you provided the evidence required to make a decision on your DHP claim?

- last two months bank statements
- receipts if you pay your bills in cash

Send this form to:**Benefits Shared Services**

PO Box 102
Argyle Road
Sevenoaks
Kent TN13 1GT

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

For personal visits please choose whichever location you prefer as we can 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

Web: www.dartford.gov.uk

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

Sevenoaks District Council

Argyle Road
Sevenoaks
Kent
TN13 1HG

Tel: (01732) 227000

Fax: (01732) 743052

Email: benefits@sevenoaks.gov.uk

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

Or you may wish to hand your form in at one of our local offices. Please check our website for exact locations, dates and times.

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
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(2) What is your ethnic group? (please tick)

<p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p>Any other White background, please write in:</p>	<p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p>Any other Mixed background, please write in:</p>
<p>Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p>Any other Asian background, please write in:</p>	<p>Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p>Any other Black background, please write in:</p>
<p>Other ethnic group</p> <p><input type="checkbox"/> Gypsy/Romany</p> <p><input type="checkbox"/> Traveller</p>	<p>Any other, please write in:</p>

(3) Do you have a disability?

The Disability Discrimination Act considers a person disabled if:

- You have a longstanding physical or mental condition or disability that has lasted or is likely to last at least 12 months, and
- 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?

Yes No

If Yes, please state the type of impairment which applies to you (tick any that apply)

- Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches
- Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment
- Mental health condition, such as depression or schizophrenia
- Learning disability/difficulty (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder)
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- Other type of impairment which defines you as disabled (please specify):

PLEASE DO NOT WRITE ON THIS PAGE

This questionnaire will be separated from your application