Discretionary Housing Payment

Discretionary Housing Payments (DHP) are available to claimants who are entitled to Housing Benefit (HB) and appear to require some further financial assistance in order to meet housing costs. DHPs are not classed as payments of HB. However, the council’s HB section will administer the DHP scheme.

Hillingdon Council is limited by central Government in the total amount that it can pay in DHPs in any financial year. Therefore, unless you can show an above average need for further financial help with your housing costs you will not receive this extra payment.

**DHPs are made on a short term basis to allow you time to move or reassess your finances. It will not be awarded indefinitely. A decision cannot be confirmed until the completed application form with supportive information has been received and assessed. It can only be paid in respect of your rent if you receive HB. It cannot be claimed to help pay your Council Tax.**

**Please answer all questions where applicable and provide the information listed on last Page. Please return the completed form with supporting evidence in order to determine your eligibility. If you do not provide the information with the form, there will be a delay in your claim and no decision will be received until we received all the required evidence. We may request additional information before we assess your Discretionary Housing Payment application.**

If you bring your documents into our reception at the Civic Centre, Uxbridge or the Hayes One Stop Shop, we will give you a receipt, scan the documents and give them straight back to you.

Once a decision is made you will be notified in writing with reasons for the decision. If successful you will also be told of the amount and the period of payment. Payment will be made with your HB payment for private and housing association tenants, direct into your rent account for council tenants. In most cases, if you are overpaid DHP then you must repay it.

**Please note that a DHP cannot be paid in the following situations:**

1. **If you are not entitled to HB you cannot get a DHP to help with your rent.**
2. **We cannot give a DHP for things included in your rent that HB could not pay for. This means a DHP cannot pay for things like heating charges and hot water charges.**
3. **We cannot consider your request until your HB claim has been fully assessed. DHP’s are paid for a limited period only. If you reapply, we cannot guarantee that you will continue to receive a DHP.**

## Application for Discretionary Housing Payment

**Please answer the questions below as fully as possible.**

|  |  |
| --- | --- |
| My full name is: |  |

|  |  |
| --- | --- |
| My address is: | Postcode: |

|  |  |
| --- | --- |
| Home telephone number: |  |
| Mobile telephone number: |  |
| Email address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Would you like to receive your decision letter via email | Yes |  | No |  |

|  |  |
| --- | --- |
| My Housing Benefit reference number is |  |

|  |
| --- |
| SECTION 1 |

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| --- | --- |
| I wish to apply for Discretionary Housing Payment.The date I would like it to start is: |  |

If the start date is before today, please advise why you did not apply for Discretionary Housing Payment earlier:

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| SECTION 2 |

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| --- | --- |
| How much rent do you still have to pay once Housing Benefit is awarded each week? | £ |

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| How much rent can you afford to pay each week? | £ |

If you have to pay the shortfall in rent yourself, what difficulties will this cause you?

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Do you have any other financial resources that you could rely on i.e. family or friends? If yes, please give details.

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Are your circumstances likely to change in the future? If so, please give details.

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| SECTION 3 |

How did you find your accommodation?

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Was anywhere cheaper offered / available to you? If yes, why did you not take it?

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| --- | --- | --- | --- | --- |
| If you paid a deposit before you moved in, will you get it back? | Yes |  | No |  |

If no, please state why not

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What was your previous address?

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| --- | --- | --- | --- | --- |
| Did you own the property you previously occupied? | Yes |  | No |  |

If yes, please provide evidence of its sale.

If you did not pay rent please explain on what basis you were living there (e.g. living with friends) and why you moved.

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| --- | --- |
| How much was your rent at your last address? | £ per week/month |

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| --- | --- |
| If you were renting, how much was met by HB? | £ per week/month |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you lived in the London Borough of Hillingdon before? | Yes |  | No |  |

If yes, please give details:

|  |  |
| --- | --- |
| Address | Period of residence |
|  |  |

Do you have any other links with the London Borough of Hillingdon? Examples include family live in the borough, work in the borough, children attend local schools. Please provide full details.

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If you did not previously live in the London Borough of Hillingdon, why did you move to this borough?

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Before moving to your present address did you contact the Council and ask how much HB you might get? If you did, please say what the reply was.

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If you did not make any enquiries either with the Council or anyone else please explain how you expected the rent to be paid

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| SECTION 4 |

Please explain why you need to live in Hillingdon?

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Have you attempted to re-negotiate your rent with your landlord? If so, what was the outcome?

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Would you like the council’s Housing Advice section to try and re-negotiate the rent with your landlord? If no, please state why.

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| --- | --- | --- | --- | --- |
| Would your landlord be agreeable to reducing the rent to an amount you could afford if HB were paid directly to your landlord? | Yes |  | No |  |

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| --- | --- | --- | --- | --- |
| Have you tried finding cheaper accommodation? | Yes |  | No |  |

If yes, please provide full details. If no, please say why.

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| --- | --- |
| When does your tenancy end? |  |

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If you have to leave your present accommodation, how much notice do you have to give?

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| --- | --- | --- | --- | --- |
| Are you in arrears with your rent? | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, by how much. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you had a Notice to Quit? | Yes |  | No |  |

Please provide proof of arrears and your Notice to Quit (original documents, not copies please)*.*

If your rent is not in arrears please explain how you have been able to pay the rent.

|  |
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|  |

When did your landlord give you the Notice to Quit, what steps taken to find new accommodation?

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| --- | --- | --- | --- | --- |
| Have you registered on a council house waiting list or with a Housing Association? | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, what banding are you? |  |

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| SECTION 5 |

# If you have children living with you for some of the time, please give details of when they stay (if Social Services are involved please give as much detail as possible).

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Are you expecting an increase in the number of people living in your property in the near future? e.g. is anyone in the household expecting a child/adopting a child, or is someone else coming to live with you?

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| --- | --- | --- | --- | --- |
| Are you a registered foster carer? | Yes |  | No |  |

If yes, please give the name of who you are registered with and how many additional rooms you need due to fostering. Please also provide the full name(s), date(s) of birth and gender of the child(ren) you foster.

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Are there medical reasons why you or your partner or any members of the household, including children, need a separate bedroom? Please provide details and original documentary evidence of the medical condition.

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| --- | --- | --- | --- | --- |
| Do you or your partner have a carer (other than your partner) who stays overnight in your home? | Yes |  | No |  |

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| --- | --- |
| If ‘Yes’, how often do they stay? |  |

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| --- | --- | --- | --- | --- |
| Is overnight care provided by a carer who doesn’t normally live in your home? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a spare bedroom that the carer uses to sleep in overnight? | Yes |  | No |  |

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| --- | --- |
| Who needs the overnight care? |  |

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| --- | --- | --- | --- | --- |
| Do you or any member of your family living with you have any special needs which require you to spend more money than  normal e.g. special dietary needs or medical reasons? | Yes |  | No |  |
|  |  |  |  |

If yes, please complete the box below

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| --- | --- |
| **Special Need** | **Weekly Cost** |
|  |  |
|  |  |

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| --- | --- |
| How much do you spend on prescription charges each week? | £ |

What impact does it have on your housing situation?

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| --- | --- | --- | --- | --- |
| Do you or any member of your family receive Disability Living Allowance? | Yes |  | No |  |

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| --- | --- |
| If yes, please state the name of the person Disability Living Allowance is paid for |  |

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| --- | --- | --- | --- | --- |
| Do you, or any member of your family who lives with you, have any health problems, which mean you need to live in  your current accommodation, or might be made worse if you had to move? | Yes |  | No |  |
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If yes, please give details.

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| --- | --- | --- | --- | --- |
| Has your home been adapted or modified for the needs of you or any member of your family who lives with you? | Yes |  | No |  |

If yes, please give details.

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| --- | --- | --- | --- | --- |
| Do you have a social worker / support worker who is working with you or a member of your household? | Yes |  | No |  |

# If yes, please provide their name and contact details.

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# 

# **Non-Dependants**

Most non-dependants who are aged 18 or over will usually be expected to make some contribution towards the housing costs. We take this into account by making a reduction in your Housing Benefit.

The amount of the reduction is set each year and depends on the income and circumstances of the non-dependant. The Housing Benefit rules do not allow us to ignore the reduction or to alter the amount. You will need to provide your non-dependants' income for the last two months.

If there are non-dependent adults living with you, how much can they afford to pay towards the rent?

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Please explain what financial help your non-dependant gives you. For example, does he or she help with any of the bills and / or pay for any of the food?

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| SECTION 6 |

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| --- | --- | --- | --- | --- |
| Has someone you lived with recently died (within last 12 months)? | Yes |  | No |  |

If yes, please tell us your relationship to the person who died and the date they died.

|  |  |
| --- | --- |
| Relationship. |  |

|  |  |
| --- | --- |
| Date they died. |  |

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| --- | --- | --- | --- | --- |
| Could you live with family or friends? | Yes |  | No |  |

If no, please state why not.

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| SECTION 7 |

##### All customers must complete this section

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Outgoings |  | **£ per week** |  | **£ per month** |  | **Income** |  | **£ per week** |  | **£ per month** |
| Rent |  |  |  |  |  | State Pensions |  |  |  |  |
| Council Tax |  |  |  |  |  | Work Pensions |  |  |  |  |
| Water Rates |  |  |  |  |  | State Pensions |  |  |  |  |
| Food |  |  |  |  |  | Work Pensions |  |  |  |  |
| Private pension contributions |  |  |  |  |  | Disability Benefits |  |  |  |  |
| Travel/car |  |  |  |  |  | Child Benefit |  |  |  |  |
| Gas |  |  |  |  |  | Main earnings |  |  |  |  |
| Electricity |  |  |  |  |  | Main earnings |  |  |  |  |
| Telephone |  |  |  |  |  | 2nd earnings |  |  |  |  |
| Mortgage |  |  |  |  |  | 2nd earnings |  |  |  |  |
| Clothes |  |  |  |  |  | Tips/gratuities |  |  |  |  |
| Insurance – Buildings/contents |  |  |  |  |  | Working Tax Credit |  |  |  |  |
| Other  (Please detail) |  |  |  |  |  | Child Tax Credit |  |  |  |  |
| Other  (Please detail) |  |  |  |  |  | Maintenance |  |  |  |  |
| Other  (Please detail) |  |  |  |  |  | Child Support |  |  |  |  |
| Other  (Please detail) |  |  |  |  |  | Other  (Please detail) |  |  |  |  |
| Total: |  |  |  |  |  | Total: |  |  |  |  |

|  |  |
| --- | --- |
| **Total Savings** | £ |

When we look at your spending, we normally disregard reasonable household expenses for food, fuel, clothes, telephone and toiletries. This is because the benefit calculations include an allowance for essential day to day living expenses. But if some of these expenses are especially high at the moment, please explain.

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have any of your other benefits been reduced as a result of a sanction or a reduced benefit direction? | Yes |  | No |  |

If yes,

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please state your normal  entitlement | £ | And the amount of the  reduction |  | £ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any debts? | Yes |  | No |  |

If yes, please state what debts they are, balance(s) due, agreed repayment rate(s) and when the repayment(s) period(s) is /are due to end.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of debt | Balance due | Agreed repayment | Date debt due to be cleared. |
|  |  |  |  |

What steps have you taken to improve your financial situation? Have you visited Citizens Advice Bureau at Civic Centre or rung debt advice on 0800 138 1111 or visited [www.stepchange.co.uk](http://www.stepchange.co.uk).Please provide evidence.

|  |
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| SECTION 8 |

Personal statement - Please use this space to say why you believe you need a Discretionary Housing Payment, or to say anything else to support your application.

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| --- |
|  |
| **DECLARATION:** | |

**You and your partner must read this carefully before you sign.**

* This is my/our claim for Discretionary Housing Payment.
* The information I/we have given on this form is correct and complete as far as I/we know.
* I/we give permission to you to check the information I/we have given with any of the other sections of the council, other councils and benefit authorities. I/we understand that the Hillingdon Council Benefits Service may use the information I/we have given on this form to detect and prevent fraud, including sharing this information with other organisations and Government departments.
* I/we understand that I/we must tell the Hillingdon Council Benefits Service in writing about any changes in my/our circumstances that may affect my/our Housing Benefit.
* I/we understand that I/we may be prosecuted if I/we give information that is not correct or complete, or if I/we do not report any changes of circumstances which might affect my/our benefit.
* **I/we have read and understood this declaration.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your signature** |  | **Claimant** | **Date** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your partner’s signature** |  | **Partner** | **Date** |  |

If this form has been filled in by someone other than the person claiming, Please complete the box below.

|  |
| --- |
| Name: Relationship to person claiming/reason for assisting  Signature: Date |

**Checklist Info: Details of evidence you must provide:**

In support of your application for a DHP, please provide all required information so that we can determine your eligibility this will mean that there is no delay in dealing with your request. **Please tick what evidence you are providing**. We may request additional information if needed.

**If you are in receipt of Housing Benefit in Hillingdon, and your income has changed since your last Housing Benefit Assessment, please provide details of the change and documentary evidence.**

|  |  |
| --- | --- |
|  | Bank/Building Society etc statements for last three months for all accounts held |

|  |  |
| --- | --- |
|  | If you have a non-dependent, please provide their last two wage slips |

|  |  |
| --- | --- |
|  | If you are in rent arrears, please provide proof of how much rent you are paying & rent arrangement |

|  |  |
| --- | --- |
|  | Evidence of assistance with finance; Outcome of CAB /Step change discussions |

**Additional information if applicable:** Proof of any loan, Bills or credit card etc & proof of medical evidence: letter from a doctor, hospital, social/welfare agency

|  |
| --- |
| **For Official use only:** |
| **DISCRETIONARY HOUSING PAYMENT RECEIPT** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Claim No:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Name** |  |

|  |  |
| --- | --- |
| **Address:** |  |

**Thank for your application with the following supporting evidence provided.**

**Documents provided**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Bank /Building Society statements etc covering at least three recent consecutive months of all accounts held. | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * If you have a non-dependent, please provide their last two months wage slips | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * If you are in rent arrears, please provide proof of how much rent you are paying & rent arrangement. | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Evidence of assistance with finance; Outcome of CAB /Step change discussions | Yes |  | No |  |

**Documents / Information required:**

|  |  |
| --- | --- |
| **1** |  |
| **2** |  |
| **3** |  |

**Date to provide by:**

**If the information is not provided by the above date, your claim will closed and you will have to complete a new Discretionary Housing Payment to claim again**

|  |  |
| --- | --- |
| **Claimant Signature** | **Telephone number/Email address** |
| **Verified by** |  |

**URGENT REQUEST FOR INFORMATION**

If you do not provide it or contact us within the timescale your claim may be closed and you will have to complete a new Discretionary Housing Payment to claim again. You do not have to wait in our reception area to provide these documents; we can accept scanned original documents which can be uploaded to:[www.hillingdon.gov.uk/change](http://www.hillingdon.gov.uk/change) or e-mailed to [benefits@hillingdon.gov.uk](mailto:benefits@hillingdon.gov.uk)