



Discretionary housing payment application form

Name:

Address:

Claim ref:

Please note you must be receiving housing benefit (HB) to qualify for discretionary housing payment (DHP) to help pay your rent

- DHP cannot cover services which are not eligible for HB
- DHP and HB combined cannot total more than the eligible rent
- DHP cannot cover shortfalls due to recovery of benefit overpayments

Issued by:

Date:

Do you? Rent from private landlord ☐
 Rent from a housing association ☐
 Rent from Portsmouth City Council ☐

I need help to pay my rent because:

- 1 Do you or members of your family have any disabilities or health problems which you feel prevent you from moving to a new property? If yes, please give brief details. If no please go to question 2

- 1(a) If yes, has your property been significantly adapted due to these disabilities? Please give details.

1(b)	If your property hasn't been significantly adapted due to these disabilities, and you have not taken steps to find alternative accommodation, what prevents you from moving to another property?
2	Do you foster more than one child and do you have a bedroom available for them? Please provide evidence (unless you have previously given us this)
3	Is there a reduction on your housing benefit due to the number of bedrooms in your property?
4	Were you able to pay your rent previously without additional help?
5	What steps have you taken to manage the shortfall in your rent?
6	What steps have you taken to try to find alternative accommodation?
7	Have you had assistance from anyone regarding questions 5 and/or 6? If so please give details
8	Is this is a new or recent tenancy? If no go to question 9
8(a)	If yes, before you signed the agreement: Did you seek advice, and from whom?

- 8(b) If yes, did you find out the maximum housing benefit payable and were you aware there would be a shortfall of rent to pay?
- 8(c) Do you have a guarantor for your rent?
- 9 Is there anything else that you think we should know?
- 10 Please confirm a current phone number & email address so that we can contact you.
- 11 Please complete the form on the next page with your weekly income and expenses.

Declaration

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

I understand the following.

- If I give information that is incorrect, you may decline this application or recover any discretionary housing payment already awarded.
- You may check some of the information with other sources as allowed by the law.
- You may use any information I have provided in connection with this and any other claim for Department for Work & Pensions benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities, and private-sector companies such as banks and organisations that may lend me money, if the law allows this.

I know I must let the Portsmouth City Council's Benefits service know about any change in my circumstance, which might affect this claim.

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

Claimant's signature

Date

Portsmouth City Council will process your personal information in accordance with the Data Protection Act 1998. The personal details provided by you will be held on a database and where the law allows, may be shared with other departments within the council to update the details they hold about you. The council may also be required to disclose personal information to other local authority departments and third parties (such as the police, Audit Commission, Department for Work and Pensions, HMRC or credit reference agencies) for the purposes of preventing or detecting crime, fraud or apprehending or prosecuting offenders. For more details please visit www.portsmouth.gov.uk and search for 'National Fraud Initiative'.

Weekly income & expenses sheet

Claim ref:

Weekly income

Wages – claimant	£
Wages – partner	£
Income support / Jobseekers allowance	£
Working tax credit	£
Child tax credit	£
Retirement pension - claimant	£
Retirement pension - partner	£
Pension credit - claimant	£
Pension credit - partner	£
Occupational pension - claimant	£
Occupational pension - partner	£
Child benefit	£
Incapacity benefit / ESA	£
Maintenance payments	£
Other disability benefits	£
Contributions (from non dependants / lodgers)	£
Other income (Please specify)	£

Total (A)**Weekly outgoings**

Rent shortfall / mortgage	£
Endowment / mortgage protection	£
Council tax	£
Water rates	£
Sewerage rates	£
Insurances (please specify)	£
Electricity / electricity arrears (please specify)	£
Gas / gas arrears (please specify)	£
Food / housekeeping	£
Alcohol	£
Cigarettes / Tobacco	£
Telephone	£
Debt payments (please specify)	£
Maintenance (voluntary / CSA / court order)	£
Travel expenses (please specify)	£
Clothing	£
TV licence	£
Other essential expenditure (please specify)	£

Total (B)**Total (A) – (B) =**

Other information