

# Discretionary Housing Payment Application Form

## What is a Discretionary Housing Payment?

*A Discretionary Housing Payment (DHP) may be claimed if you receive Housing Benefit or Universal Credit but are having difficulty paying the rest of your rent. A DHP can therefore help pay for some, or all of the gap between your benefit and your rent.*

*Examples of where you might need help are:*

- You rent from the Council or a Housing Association and your benefit has been restricted because you have too many bedrooms*
- The amount of Local Housing Allowance you get has gone down*
- The amount of Housing Benefit you get has been capped*

*There are limited funds to award DHPs; they can only be awarded to people in financial difficulty and for a fixed period.*

*You must provide any information that is relevant to your claim to help us assess your entitlement and come to a decision. It would also help us better understand your DHP claim if you provide evidence of any circumstances you describe, for example: a letter from your doctor that confirms a medical condition or evidence of your foster care arrangements.*

**Return the application and any additional information we ask for to:  
Housing Benefit and Council Tax Reduction, 100 Temple Street,  
PO Box 3176, Bristol, BS3 9FS**

[www.bristol.gov.uk](http://www.bristol.gov.uk)



**1****Section 1: About you**

Your name:

Your address:

Does anyone else live with you?

Yes ☐ No ☐ *If yes please confirm details below*

Name	Date of birth	Relationship to you

How much rent are you charged and how often?

Does this include bills? Yes ☐ No ☐

If yes, please confirm what amount of your rent is for bills?

Your Housing Benefit  
claim reference:

Your National Insurance Number

What telephone number is best for us to  
use if we need to speak to you?If there are times of the day when it is less easy for you to talk to us on the phone, such as  
school runs, please tell us here:

If you have an email address, please write it here:

How much DHP per week (if awarded) would help you and why?

How long would you like a DHP (if awarded) to be paid for?

Do you receive Universal Credit?

Yes ☐ No ☐

*If yes, please complete the following section. If not, please continue with section 2..*

Payment method (if your application is succesful)

If you are a council tenant, any Discretionary Housing Payment you are awarded will be paid into your council rent account.

☐ Please pay my Discretionary Housing Payment into the account nominated below

☐ Please pay my Discretionary Housing Payment to my landlord

Bank account details

Name(s) of account holder(s):

Sort code:

Account Number:

## 2 Section 2: About your circumstances

*Take a look at the following circumstances, tick all of those that describe your own situation and note the additional information we will need from you. You can use section 7 to explain further your circumstances*

☐ **Are there any particular circumstances why you need an extra bedroom:**

*In order for a DHP to be considered we need to know why you need an extra bedroom, use the following box to tell us why.*

*Examples of where you need an extra bedroom could be where a child or other adult has particular needs, a carer lives with you or you have foster children. **Evidence must be provided** to support your need for an extra room, such as: a letter from a doctor, social worker, occupational therapist, a letter from your carer or any court orders.*

☐ **I, or my partner, have children who stay with us who normally live somewhere else.**

*Use section 7 at the end of this form to tell us their names, their dates of birth and the address where they usually live. We'll also need some evidence of this arrangement, such as a letter from the person they usually live with, a solicitor or social worker.*

☐ **I, or my partner, have a medical condition that means I have a particular need to remain in my current home or would find it difficult to move.**

*Use section 7 at the end of this form to tell us about this. We will also need to see some evidence to support this, such as a letter from a doctor, social worker or therapist.*

☐ **I, my partner, or a member of my family is disabled.**

*Use section 7 at the end of this form to tell us about this. We will also need to see some evidence to support this, such as a letter from a GP. Please also tell us whether Carer's Allowance is in payment (or if someone gets the carer's element for Universal Credit) and who it is paid to.*

☐ **Is your home adapted for disablement needs?**

*Use section 7 at the end of this form to tell us about this.*

☐ I, my partner, or a member of my family has issues related to drugs or alcohol.

*Use section 7 at the end of this form to tell us about this. We will also need to see some evidence to support this, such as a letter from a doctor or support worker.*

☐ I, or my partner, have a medical condition that means I have extra costs for things like heating or special diets.

*Use section 7 at the end of this form to tell us about this. We will also need to see some evidence to support this, such as a letter from a doctor, social worker or therapist.*

☐ I, or my partner, have been in care of have recently left prison; a young offender's institution; long stay hospital or the armed forces.

*Use section 7 at the end of this form to tell us about this, including any relevant dates.*

☐ I am, or my partner is, expecting a baby which is due to be born on (insert date):

**Are you in rent arrears?**

Yes ☐ No ☐

*If yes, how much?*

**What period do your arrears cover?**

From:

To:

**Has your landlord taken action to recover rent?**

Yes ☐ No ☐

*If yes, please tell us what action has been taken (please provide proof)*

Court Action ☐

Notice seeking possession ☐

Notice to quit ☐

A letter ☐

A payment plan ☐

Other (please specify below) ☐

**3****Section 3: Complete if you rent from a private landlord.***If you rent from the Council or a Housing Association go to section 4***Please tick your answer as appropriate.**☐**I am under 22 years of age and have previously been under the care of Social Services.**☐**I am single and under 35 years of age.***If you were previously living in a hostel for the homeless please tell us the address and the dates you were living there.*☐**I am moving and would like some help to pay a deposit of rent in advance that the landlord has asked for.***Use section 7 at the end of this form to tell us the amount you are being asked to pay and provide us with a confirmation in writing that the landlord has requested this amount.***What were your specific reasons for choosing the property you live in or are moving in to?***If there were reasons associated with your health, family life or work, tell us about them here.*

Have you considered moving to, choosing or applying for more affordable accommodation (including Council or Housing Association property using Home Choice Bristol)?

Yes ☐

*If you answered **YES**, tell us more about this, including the status or outcome of any applications*

No ☐

*If you answered **NO**, tell us the reason, (or reasons), why you have not considered these options*

Home Choice Bristol is the name of the scheme that Bristol City Council and partner Housing Associations within the city use to allocate their properties. You'll need to register online through Bristol City Council's website and once accepted you will be able to view and bid against available properties.

If you needed to move from your current home for any reason, how much notice are you required to give to your landlord?

Yes ☐

No ☐

*If you have already been asked by your landlord to move out, include a copy of the letter they have given you about this when you send us this application.*

**4****Section 4: About your financial situation**

*Complete every part of this section associated with the money you have coming in and the money you spend, including payments on debts or arrears that you owe. Please select 'Per Week (PW)' or 'Per Month (PM)'.*

*N.B this sheet continues over the page*

Household Income – Money coming in			Household Expenditure – Money going out		
Income Support	£	PW/PM	Grocery shopping	£	PW/PM
Universal Credit	£	PW/PM	Household items	£	PW/PM
Job Seeker's Allowance	£	PW/PM	Toiletries	£	PW/PM
Incapacity Benefit	£	PW/PM	Clothes	£	PW/PM
Employment Support Allowance	£	PW/PM	School meals	£	PW/PM
Child Benefits	£	PW/PM	Electricity	£	PW/PM
Child Tax Credit	£	PW/PM	Gas	£	PW/PM
Working Tax Credit	£	PW/PM	Water	£	PW/PM
Wages that you earn from a job	£	PW/PM	Home Telephone	£	PW/PM
Wages your partner earns	£	PW/PM	Broadband or other internet access	£	PW/PM
Income from working as self-employed	£	PW/PM	Cable or Satellite TV	£	PW/PM
State Pension	£	PW/PM	Mobile Telephones	£	PW/PM
Private Pensions	£	PW/PM	Car Insurance	£	PW/PM
Pension Credits	£	PW/PM	Home Insurance	£	PW/PM
Disability Living Allowance	£	PW/PM	Childcare	£	PW/PM
Attendance Allowance	£	PW/PM	Prescription Charges	£	PW/PM
Money from adults who live with you		PW/PM	Medical Treatment/ Expenses	£	PW/PM
Other (specify)			Travel Costs	£	PW/PM
	£	PW/PM	Maintenance	£	
	£	PW/PM	Council Tax	£	
	£	PW/PM	Credit Cards	£	



Household Income – Money coming in			Household Expenditure – Money going out		
	£	PW/PM	Personal Loans	£	
	£	PW/PM	Social Fund Loan	£	PW/PM
	£	PW/PM	Catalogues	£	PW/PM
	£	PW/PM	Hire Purchase	£	PW/PM

Household Income – Money coming in			Household Expenditure – Money going out		
	£	PW/PM	Other (specify		PW/PM
	£	PW/PM		£	PW/PM
	£	PW/PM		£	PW/PM
	£	PW/PM		£	PW/PM

I have the following debts / arrears. Enter the amount you owe		
Social Fund Loan	£	Amount Owed
Rent	£	Amount Owed
Council Tax	£	Amount Owed
Electricity	£	Amount Owed
Gas	£	Amount Owed
Water	£	Amount Owed
Catalogues	£	Amount Owed
Credit Cards	£	Amount Owed
Hire Purchase / Loans	£	Amount Owed
Court Fines	£	Amount Owed
Other - specify		
	£	Amount Owed
	£	Amount Owed
	£	Amount Owed

**Please complete this part and tell us about the total savings that you and your partner have.**

Capital	Total Value (£)
Bank, building Society and Post Office Accounts	£
Shares, Unit Trusts, premium Bonds, National Savings Certificates	£
Value of any property you own	£
Money you are keeping at home	£
<b>Any other capital you have</b>	

**5****Section 5: Sharing information with others**

*If there is someone else helping you with your claim (such as a friend, relative, support worker or social worker) and you are happy for them to deal with us on your behalf, please provide their name and contact details in the space below.*

*I give my permission for Bristol City Council to share information about my Discretionary Housing Payment claim with:*

Their name:

Their connection with you

Their telephone/email details

Your signature:

**6****Section 6: Your declaration**

*We need you, and your partner if you have one, to sign and date this form.*

***If someone has helped you to complete this form** or it has completed on your behalf they will also need to sign and date in the appropriate place below.*

Your signature:

Date

Your partner's  
signature:

Date

**If you had help completing this form or somebody else completed it for you, ask them to complete this section and sign here.**

Their name:

Date

Their signature:

Date

## Section 7: Further information

If you would like this information in another language, Braille, audio tape, large print, easy English, BSL video or CD rom or plain text please contact 0117 922 2300

