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# DISCRETIONARY PAYMENT APPLICATION FORM

Discretionary Housing and Council Tax Support Payments are paid from a cash limited fund and is **not** a long term solution, it is to help those who need extra help in paying on going rent and/or Council Tax/arrears and/or to assist in the prevention of homelessness.

You must be getting Housing Benefit and/or Council Tax Support to receive a Discretionary Payment.

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| **Part 1 – About You**  |
| **Your full name:** | **Date of birth:** |
| **Address:****Post code** |
| **Phone number:** | **Email:** |
| **National Insurance number:** |
| **Housing Benefit Claim Ref:** |

**Do you need help with your:** *(tick which apply)*

 Rent Deposit Rent in advance Removal costs Council Tax

**How long do you expect you will need this help for?**

 Less than 13 weeks 13 weeks 26 weeks One off payment

**Who do you rent from?**

 Housing Association Reading Borough Council Private Landlord

**Reason for your application for assistance:** *(please tick)*

 Under occupation reduction of housing benefit

 Benefit Cap

 Local Housing Allowance

 Personal circumstance

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| **Part 2 – About Your Housing** *Please skip this section if only applying for help with Council Tax* |
| **How much is your rent, and when is it due?** |  |
| **How much deposit did you pay?**  |  |
| **Do you have rent arrears? If so, how much do you owe?** |  |
| **Have you asked the landlord if they will reduce the rent? If yes, please give details of the reply.** |  |
| **Have you looked for cheaper alternative accommodation? If so, how long have you been looking?**  |  |
| **How long do you think it will take to find alternative accommodation?**  |  |
| **Have any adaptations been made to your current home? If yes, please give details.** |  |
| **Are you registered on the Council’s housing waiting list?**  | **Yes** | **No** |
| **Are you registered with HomeSwapper?**  | **Yes** | **No** |
| **Have you been in contact with the Council’s Housing Department? If yes, who has been assisting you?** |  |
| **Do you have any savings/capital, for example bank/building society/ISA?** |  |

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| **Part 3 – About Your Household**  |
| **Who lives in the property with you? please provide their name and relationship to you** |
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| **Do you or any members of your household have any health problems or disabilities? If yes, please give details** |
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| **Are you being supported by anyone? If so please supply their name, address and organisation they work for (if applicable)** |
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| **Part 4 – About Your Income & Outgoings**  |
| **Household income per week** *(please convert to weekly amounts)* |
| **Total wages/salary (take home pay)** | **£** | **Per week** |
| **Income Support**  | **£** | **Per week** |
| **Employment & Support Allowance**  | **£** | **Per week** |
| **Job Seekers Allowance**  | **£** | **Per week** |
| **Child Benefit** | **£** | **Per week** |
| **Working Tax Credit** | **£** | **Per week** |
| **Child Tax Credit**  | **£** | **Per week** |
| **Disability Living Allowance/Personal Independence Payment Mobility**  | **£** | **Per week** |
| **Disability Living Allowance/Personal Independence Payment Care**  | **£** | **Per week** |
| **State Pension**  | **£** | **Per week** |
| **Occupational Pension/s** | **£** | **Per week** |
| **Contributions from other adults in the household**  | **£** | **Per week** |
| **Other income (please state)** | **£** | **Per week** |
| **Priority expenditure per week** *(please convert to weekly amounts)* |
| **Rent shortfall** | **£** | **Per week** |
| **Council Tax**  | **£** | **Per week** |
| **TV Licence**  | **£** | **Per week** |
| **Gas** | **£** | **Per week** |
| **Electric**  | **£** | **Per week** |
| **Water** | **£** | **Per week** |
| **Childcare**  | **£** | **Per week** |
| **Food & Housekeeping**  | **£** | **Per week** |
| **Clothing**  | **£** | **Per week** |

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| **Phone & Internet per week** *(please convert to weekly amounts)* |
| **Mobile phone/s** | **£** | **Per week** |
| **Landline phone**  | **£** | **Per week** |
| **Internet**  | **£** | **Per week** |

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| **Travel per week**  |
| **Public transport** | **£** | **Per week** |
| **Car - Insurance**  | **£** | **Per week** |
| **Car – Road tax**  | **£** | **Per week** |
| **Car – Fuel** | **£** | **Per week** |
| **Taxi** |  |  |

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| **Other living expenses (please state) per week** Please include any extra expenditure in relation to health/disabilities *(please convert to weekly amounts)* |
|  | **£** | **Per week** |
|  | **£** | **Per week** |
|  | **£** | **Per week** |
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| **Credit, loan and debts** *(please state)* | **Amount**  | **Per week**  | **Outstanding**  |
| **Bank overdraft**  | **£** | **Per week** |  |
| **Credit card**  | **£** | **Per week** |  |
| **Credit card**  | **£** | **Per week** |  |
| **Catalogue**  | **£** | **Per week** |  |
| **Catalogue** | **£** | **Per week** |  |
| **Store card** | **£** | **Per week** |  |
| **Personal loan**  | **£** | **Per week** |  |
| **Other, please state** | **£** | **Per week** |  |

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| **Why do you need extra help towards your rent and/or Council Tax?** **Please give as much information as possible and attach a separate sheet if you need more space.** |
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| **If you had conditionality attached to a previous Discretionary Housing Payment, please provide as much information as possible to show how you have met the conditions?** *Attach a separate sheet if you need more space.* |
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| **Declaration**  |
| * I declare that the information I have given on this form is correct and complete.
* I understand that the information I have given on this form will be used to calculate Discretionary Housing Payment. I will also be liable to repay any overpayments that occur, should any of the information I have given on this form prove to be false or incorrect.
* I understand that if I give information that is false or incorrect I may be prosecuted.
* I understand that this information in this form may be shared with other Council departments.
* I understand that I must tell the Entitlement & Assessment or Customer Service Teams about any changed that might affect my entitlement to Housing Benefit, Council Tax Support, Discretionary Housing Payment or Discretionary Council Tax Payment.
* I understand that I will not get a Discretionary Housing Payment or Discretionary Council Tax payment if there is no budget left.
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| **Signed by:** |  |
| **Date signed:** |  |
| **If you have not completed this form, the person who filled it in on your behalf must complete this section.**  |
| **I have filled in this form on behalf of:** |  |
| **They cannot fill in this form because:** |  |
| **My name is:** |  |
| **Relationship to the person applying**  |  |
| **I have read each question and recorded the answers given. As far as I know they are true and complete.** |  |
| **Your signature:** |  |
| **Date signed:** |  |
| Please return the completed application form to the Entitlement & Assessment Team or Customer Service Team as soon as possibleUpon receipt of the completed form we will advise you of our decision within 14 days |