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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. | | |
| **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 possible  Upon receipt of the completed form we will advise you of our decision within 14 days | | |