

## Application for Discretionary Housing Payments (DHP)

Please reply to:	South Oxfordshire District Council
	PO Box 870

Erith DA8 1UN

Telephone: 0345 302 2313

Email: Sodc.benefits@secure.capita.co.uk

Date:

Dear

Н	ousi	ing	Benefit	Refe	eren	ce:
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Your Telephone Number:

Your Email Address (if you have one):
Please ensure that all the questions are answered as fully as possible
Have you claimed a DHP before? If the answer is yes, from which council did you claim and what was the outcome of your claim?
Why are you asking for extra help with your rent?
3. Is there any prospect of your financial position improving in the near future e.g. startir work, receiving an inheritance, an award of a social security benefit etc.?
4. What is your connection with this area? E.g. lived here all your life, work, children at school, relatives in the area etc.





5. Please list all details of income and expenditure you make. Any income or expenditure not named, please enter into the blank boxes.

## **INCOME**

Type of income	Amount	Frequency e.g. weekly, monthly etc.
Wages/Salary - Self	£	
Wages/Salary - Partner	£	
Income from Self-Employment	£	
Job Seeker's Allowance	£	
Income Support	£	
Universal Credit - Personal Allowance - Housing Allowance	£	
Tax Credits	£	
State Retirement Pension/Pension Credit	£	
Private/Works Pension	£	
Child Benefit	£	
Incapacity Benefit/Employment and Support Allowance	£	
Attendance Allowance	£	
Disability Living Allowance/ Personal Independence Payment: - Care - Mobility - Motability (car loan)	£ £	
Carer's Allowance	£	
Maintenance Payments	£	
Contributions from Household Members	£	
Rent from Lodgers and Tenants	£	
Any other income	£	<u> </u>





## **EXPENDITURE**

Type of Expenditure	Amount	Frequency e.g. weekly, monthly etc.
Mortgage Payments	£	
Other Loan Repayments	£	
Rent	£	
Council Tax	٤	
Water Rates	£	
Ground Rent/Service Charge	£	
Building/Contents Insurance	£	
Life Assurance	£	
Pension	£	
Gas	£	
Electricity	£	
Telephone: Landline Mobile Mobile	£ £ £	
Food & Toiletries	£	
T.V. Licence	£	
Sky/Cable	£	
Internet	£	
County Court Orders	£	
Magistrate Court Fines	£	
Maintenance Payments	£	





## **EXPENDITURE** cont.

Type of Expenditure	Amount	Frequency e.g. weekly, monthly etc.
Hire Purchase Payments	£	
Credit Card/Catalogue Repayments	£	
Travel Expenses (Not Car Related)	£	
Car Loan Repayments	£	
Road Tax	£	
MOT	£	
Car Insurance	£	
Petrol	£	
School Meals	£	
Clothing	£	
Laundry	£	
Prescriptions	£	
Childminding	£	
Haircuts	£	
Cigarettes	£	
Drink	£	
Entertainment	£	
Holidays	£	
Other, please state	£	
	£	
	£	
	£	



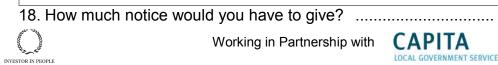


Yes	How much?	£ How often?	No
If no		you taken to obtain mainte	enance payments?
	•		
		expenses due to disabilitie	es not included in any headings ir
tne prev Amount	rious table? Frequency	Reason for the expens	Δ
Amount	weekly,	Teason for the expens	
	monthly, etc		
£			
<u> </u>			
£			
. Have vo	ou had any <i>one off</i>	expenses due to disabiliti	ies, or are you expecting any in the
•	_	the amount(s) and purpo	
		. ,	
£			
£ £	have any debts or	loans (including rent arre	ars)? If so, please give details of
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Do you amounts	give details of any amount currently i	savings or current accour in each account.  Account Number  on any property? (Please	Amount £ £ £ £ tick appropriate box below)





Please give deta	ills.
3. Why did you mo	ve into the property you are claiming a DHP for?
14. Were you able to below)	o afford the rent when you first moved in? (Please tick appropriate box
below)	Yes No
If yes, please	tell us how you were able to afford it?
5. What steps did y restricted before	ou take to check the rent you would pay would be reasonable and not moving in?
6 What steps have	e you taken to negotiate a rent reduction with your landlord?
17. Have you consic appropriate box	
lf	Yes No
If yes, please	give details
If no, is the accommodat	re any reason why you could not move if you could find cheape ion?



19. When does your current tenancy end?
20. Will you face eviction if your rent is not fully paid?
21. Are you a foster carer in between placements?
Yes No  If yes, please give the date of your last placement and the expected date of your next placement
22. Is the application for assistance due to any non-dependant deduction we are making from your benefits entitlement? (Please tick appropriate box below)
If yes, are there any reasons why the non-dependant cannot afford to cover the amount we are deducting?
23. Do you have any friends or relatives with whom you could live?
24. Are friends or family able to assist you financially? Please give details
25. Has there been a death in your household within the last 12 months?
26. Have you recently become separated or divorced? (Please tick appropriate box below)
If yes, please tell us the date this happened: How has this affected your situation, such as your income and your outgoings?





If you places sta	Yes		No		
If yes, please sta	te tnem:				
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plication if we are a	ware of yo	ur situatio	n).		
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If you placed give	Yes		No		
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27. Do you, or any member of your family, have any disabilities or health problems?

INVESTOR IN PEOPLE

29. Do you have any regular prescription charges? (Please tick appropriate box below)

	Yes No
	If yes, please provide details and supporting documentation (for example a letter from your doctor or health visitor or repeat prescription list).
30	). Is there any other information you feel would help your claim for a DHP?
D	ECLARATION
•	I declare that the information I have given on this form is true and complete.
•	I understand that if I give false or misleading information, you will not pay me discretionary housing payments.
•	I authorise the council to verify the information, where considered necessary.
•	I agree to inform the council at once of any changes in my financial circumstances, changes to the number of people in my household and changes to my rental payments and any other changes, which would affect my entitlement to discretionary housing payments.
•	I understand that the council may use the information given on this form to prevent and detect fraud.
•	If I try to fraudulently claim discretionary housing payments by falsely declaring my circumstances, providing a false statement or evidence in support of my application, I may have committed an offence under the Fraud Act 2006. Where it is suspected that such a fraud may have occurred, the matter will be investigated as appropriate and this may lead to criminal proceedings being instigated.
•	I have read and understood this declaration.





Date .....

Signature .....