



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

Housing Benefit Reference:

Your Telephone Number:
Your Email Address (if you have one):
 (This would help us to contact you quickly if we have any queries about your application.)

Please ensure that all the questions are answered as fully as possible

1. 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?

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2. Why are you asking for extra help with your rent?

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3. Is there any prospect of your financial position improving in the near future e.g. starting work, receiving an inheritance, an award of a social security benefit etc.?

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4. What is your connection with this area? E.g. lived here all your life, work, children at school, relatives in the area etc.

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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	£	

EXPENDITURE

Type of Expenditure	Amount	Frequency e.g. weekly, monthly etc.
Mortgage Payments	£	
Other Loan Repayments	£	
Rent	£	
Council Tax	£	
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	£	
	£	
	£	
	£	

6. If you have children from a previous relationship, do you receive any maintenance payments for them?

Yes		How much?	£	How often?		No	
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If no, what steps have you taken to obtain maintenance payments?

7. Do you have any *regular* expenses due to disabilities not included in any headings in the previous table?

Amount	Frequency weekly, monthly, etc	Reason for the expense
£		
£		
£		

8. Have you had any *one off* expenses due to disabilities, or are you expecting any in the near future? Please state the amount(s) and purpose(s).

£	
£	
£	

9. Do you have any debts or loans (including rent arrears)? If so, please give details of amounts outstanding and with whom.

£	
£	
£	

10. Please give details of any savings or current accounts you and your partner possess and the amount currently in each account.

Name	Account Number	Amount
		£
		£
		£
		£

11. Do you or your partner own any property? (Please tick appropriate box below)

Yes		No	
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If yes, please give details

12. Do you have any capital assets e.g. stocks and shares, more than one car etc?
Please give details.

Form with three horizontal dashed lines for text entry.

13. Why did you move into the property you are claiming a DHP for?

Form with three horizontal dashed lines for text entry.

14. Were you able to 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?

Form with three horizontal dashed lines for text entry.

15. What steps did you take to check the rent you would pay would be reasonable and not restricted before moving in?

Form with three horizontal dashed lines for text entry.

16. What steps have you taken to negotiate a rent reduction with your landlord?

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17. Have you considered, or tried, to move to cheaper accommodation? (Please tick appropriate box below)

Yes No

If yes, please give details

Form with three horizontal dashed lines for text entry.

If no, is there any reason why you could not move if you could find cheaper accommodation?

Form with three horizontal dashed lines for text entry.

18. How much notice would you have to give?

19. When does your current tenancy end?

20. Will you face eviction if your rent is not fully paid?

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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

Form with one horizontal line for text entry.

22. Is the application for assistance due to any non-dependant deduction we are making from your benefits entitlement? (Please tick appropriate box below)

Yes No

If yes, are there any reasons why the non-dependant cannot afford to cover the amount we are deducting?

Form with three horizontal lines for text entry.

23. Do you have any friends or relatives with whom you could live?

Form with three horizontal lines for text entry.

24. Are friends or family able to assist you financially? Please give details

Form with three horizontal lines for text entry.

25. Has there been a death in your household within the last 12 months?

Form with three horizontal lines for text entry.

26. Have you recently become separated or divorced? (Please tick appropriate box below)

Yes No

If yes, please tell us the date this happened:
How has this affected your situation, such as your income and your outgoings?

Form with three horizontal lines for text entry.

27. Do you, or any member of your family, have any disabilities or health problems?
(please tick appropriate box below)

Yes		No	
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If yes, please state them:

(Please note: It would be helpful if you could provide documentary evidence from a medical practitioner to confirm any health problems stated above. We realise this is sensitive information but you will improve your chance of being successful in your application if we are aware of your situation).

Does your medical condition, or that of a family member, mean you have to pay extra transport costs? (Please tick appropriate box below)

Yes		No	
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If yes, please give details

Do you have extra laundry charges due to your medical condition, or that of a family member? (Please tick appropriate box below)

Yes		No	
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If you have any other expenses linked to your medical condition or that of a family member, please give full details and provide evidence where possible.

28. Has your property been significantly adapted due to you or your family's disabilities?

Yes		No	
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If yes, please provide details and supporting documentation (for example invoices from your builder, plumber; letter from your social worker, occupational therapist, etc).

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

Yes		No	
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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?

DECLARATION

- 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.

Signature

Date