

Discretionary Housing Payment Application Form

Section 1

About Discretionary Housing Payments

If you need help with your housing costs because you have a gap between your eligible rent and your Housing Benefit or Universal Credit (Housing Costs) payment you may be eligible for a Discretionary Housing Payment (DHP). You cannot get a DHP if you are not getting paid either of these benefits.

You cannot get a DHP for help with service charges such as water rates, meals or for help with your Council Tax.

All DHP applications are subject to a means tested financial assessment of your income and outgoings to decide if you can afford to meet this rent gap yourself.

Payments will usually only be made on a short-term basis to enable you to find a longer-term solution to your housing/financial problems. You may be asked to supply evidence about things you tell us on this claim form and/or about what you are doing to find solutions to your financial/housing problems.

DHP awards are subject to there being enough money in the council DHP budget to pay for any award.

The council is able to make decisions using the discretion available to it and each case is considered on its own merit.

If you are awarded a DHP you will receive a letter confirming the amount and length of award, and detailing any actions that we would expect from you in return. If you apply for another DHP you will need to show what progress you have made in completing these actions and any improvements in your circumstances as a result.

If you are not happy with the decision, you can request a review.

For more information about DHP see - Frequently Asked Questions about DHPs. For full details of the scheme go to: www.sunderland.gov.uk/DHP

Section 2

About this application form

Please fill the form out in BLACK INK

Where appropriate notes have been added next to questions to help you complete the form and to identify the evidence you need to supply to enable us to make a correct decision.

It is important that you fully complete the form and supply the evidence requested as we will be unable to process your claim if information is missing.

If you have any questions, contact 0191 520 5551.

Section 2

About you and your family

Do you have a partner who normally lives with you?

(If Yes you must answer all the questions about them, as well as about you).

Yes No

Note 1: A partner is someone that you are either married to, have a civil partnership with, or live with as if they are your married partner/civil partner.

	You	Your Partner
Surname		
Other Names		
Title		
Address you wish to claim a Discretionary Housing Payment for		(if different to yours)
	Post code	Post Code
Date of Birth (Please enter as dd/mm/yy)	/ /	/ /
National Insurance Number		
Contact Telephone Number (if you have one)		
Please provide a contact email address This may enable us to resolve any queries more quickly and keep you updated		

Please include below details of all people living with you other than your partner.

Note 2: This includes any dependent children and non-dependents (for example grown up children, friends or other relatives).

Full name	Date of birth (dd/mm/yy)	Male/ Female (M/F)	Relationship to you or your partner	Weekly Income (£)	Savings (£)	Date they moved into the property	How much do they give you towards the rent each week? (£)

Please add any other people to the notes/additional information section at the end of the form if there is insufficient space here.

Note 4: Benefits you need to tell us about and that will be taken into account include: Employment and Support Allowance/Job Seekers Allowance, Income Support, Universal Credit, Child Tax Credit, Working Tax Credit, Child Benefit, Carers Allowance, Pension Credit, Industrial Injuries Benefits, War Disablement Pension/Armed Forces Compensation Scheme, State Pension, Bereavement Allowance.

Evidence will need to be supplied if it has not been provided for Housing Benefit, Council Tax Support or Universal Credit purposes and, if any of these are paid at a reduced rate due to sanctions, benefit or debt recovery you will need to tell us. If there is not enough room to include all your income, please continue in the Notes/Additional Section at the end of the form.

Note 5: Benefits you need to tell us about but that will be disregarded (as income) include:

DLA Mobility Component, DLA Care Component, PIP Mobility Component, PIP Daily Living Component, Attendance Allowance and Armed Forces Independence Payment.

Other Income	You (£)	How often is this paid (weekly, 4 weekly, monthly, other)	Your Partner (£)	How often is this paid (weekly, 4 weekly, monthly, other)

Note 6: You need to tell us about any additional income you receive. This could be for things like Private/Personal Pension(s), Occupational Pension (s), Income from Lodgers, Child Maintenance Income from other people in the household.

Are you or your partner expecting any of the above savings or income details to change in the next few months?

(e.g. due to known increases or decreases in your benefits or wages)

Yes No

If Yes please provide details below:

Financial Assessment - Section 5

About your regular outgoings or expenditure

For all items the council may request evidence to confirm these amounts. (You can provide details of any debts in Section 6)

Type of outgoing or expenditure – (this includes some maximum weekly amounts that the council will normally allow)	You (£)	How often is this paid (weekly, 4 weekly, monthly, other)
Rent that you pay (if details not already provided to council for Housing Benefit claim)		
Service charges paid with your rent (if details not already provided to council for Housing Benefit claim)		
Council Tax that you pay		
Water Rates/Sewerage Charges		
Gas/Electricity (Maximum allowable amounts will take account of the size of your property)		
TV Licence (council will allow £3.06)		
Telephone - Landline (council will allow up to £3.30)		
Telephone - Mobile (council will allow up to £3.30 per adult)		
Internet/Broadband (council will allow up to £6)		
Contents insurance (council will allow up to £5)		
Life Insurance (evidence needed of any payment and the amount allowed may be restricted)		
Private Pension Payments/occupational pension payments (evidence needed of any payment – amount allowed may be restricted)		
Food/groceries - excluding alcohol		
Clothing (council will allow no more than £3.30 per adult or £5 per dependent child)		
Car – Petrol/Insurance/Road Tax – other expenses		
Public transport		
Regular Prescriptions or medical expenditure - if not provided free (evidence of prescriptions and reasons for requiring these needed – the amount allowed may be restricted to prescription season ticket rates if different)		
School meals - if not provided free The council will allow the price of a standard school meal per child per day		
'After school' clubs/weekend clubs - if you/your partner work and are unable to collect your children (proof of club and expenditure is needed)		
Domestic care/personal care package (evidence of care package and expenditure is needed)		
Child Maintenance Payments that you make (evidence of payments made is needed)		
Hire Purchase/Rent to Own agreements (evidence of agreement and expenditure is needed)		
Other (evidence of type of expenditure and amount is needed)		
Other (evidence of type of expenditure and amount is needed)		
Other (evidence of type of expenditure and amount is needed)		
Other (evidence of type of expenditure and amount is needed)		
Other (evidence of type of expenditure and amount is needed)		

Note 7: You will only need to provide proof of your rent payments, service charges and water rates if you do not receive Housing Benefit (and have already provided these details for that claim). Otherwise, you will only need to provide them if they have changed.

If you have only claimed Universal Credit and/or Council Tax Support you will need to provide proof of your rent, service charges and water rates as well.

For most items of expenditure a letter/statement from the organisation, or invoice/bank statement detailing the payments and what they are for will be proof. For all items the council may request evidence to confirm these amounts.

Financial Assessment - Section 6

About your debts

Do you or your partner have any debts?

Yes No

If yes, please include the details below.

Name of Creditor (who do you or your partner owe money to)?	How much do you pay?	How often are your payments due?	Are you up to date with your payments? Yes/No	How many payments are you behind	How much do you owe in total
Example – Loan	£100	Monthly	No	2	£1,000

What actions have you taken or do you plan to take in relation to managing your debts and creating a manageable budget?

Please confirm if you need help with this

Section 7

About your application for a Discretionary Housing Payment

Property details - Which of the following do you rent?

Shared accommodation (a bedroom in a larger property)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A flat within a larger property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A terraced house	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A semi-detached house	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other details

How many bedrooms do you have?

Please provide your landlords details
(Name and contact details for the person or organisation)

Is your landlord a

Social Landlord or Housing Association
(for example Gentoo, Home Group)

Yes No

Private landlord

Yes No

Please provide a copy of your rent breakdown (Only needed if you receive Universal Credit)

Please tick which of the following 7 reasons best applies to your circumstances and then provide us with more information in the remaining sections.

Which of the following reasons best applies to your circumstances?

I need a DHP to help me secure and move to alternative accommodation (e.g. for a rent deposit) By exception only	<input type="checkbox"/>
I need a DHP to help with short-term rental costs until I am able to secure and move to alternative accommodation	<input type="checkbox"/>
I need a DHP to help with short-term rental costs while I seek employment	<input type="checkbox"/>
I need a DHP to help with on-going rental costs as I or a member of my family is a disabled person living in adapted accommodation	<input type="checkbox"/>
I need a DHP to help with on-going rental costs and I am a foster carer	<input type="checkbox"/>
I need a DHP to help with short term rental costs for any other reason	<input type="checkbox"/>
I need a DHP to help with short-term rental costs while I seek to increase my hours of employment enough to become exempt from the Benefit Cap	<input type="checkbox"/>

Please provide us with more information about your reasons for applying for a DHP, and what actions you are taking to prevent the need for a further DHP?

Amount of DHP applied for (per week/month)

Length of time DHP applied for (up to 13 weeks)

Please provide details of how you have previously managed to meet your rent shortfall:

Please provide details if you are currently behind on your rent, and of any actions taken by your landlord against you:

Please provide details if you have a credit on your rent account or are owed money by your landlord for any other reason. Please tell us how much you are owed and what it is for:

Please provide details of any special circumstances that you think apply to you/your family?
These could be reasons that make it more difficult for you/your family to make changes to your income or outgoings or that prevent you moving property?

Please provide details of how you intend to meet your shortfall in housing costs once your DHP comes to an end:

Do you or your partner currently receive a DHP, or have you received a DHP in the last year?

Yes No

FOR REPEAT CLAIMS ONLY – THE FOLLOWING SECTION MUST BE COMPLETED

If you have previously received a DHP from the council, please tell us what steps you have taken to improve your circumstances and provide evidence to support this.

If the council has previously asked you to take certain actions, please provide details of the outcomes of these actions – or why you have not been able to fully/partially complete them

Notes/Additional information Section

Please include any details that you have been unable to include elsewhere on the form, and anything else that you think is relevant

Section 8

Legal information and customer declaration

How we collect and use information

Sunderland City Council has a duty to protect the public funds that it administers and may use the information you have given in this form to prevent and detect fraud and error. For these purposes Sunderland City Council may also share information with other bodies responsible for administering public funds

If you have also provided information to support your claim about any special circumstances that apply to you or your family, Sunderland City Council may require confirmation of these from any agencies/landlords that you are involved with.

For further information on how the Council processes your personal information to support your application, please refer to our Privacy Notice on the Council Website <https://www.sunderland.gov.uk/data-protection>

Customer Declaration

Please read these statements carefully before you sign to agree to them. If you have a partner, they must also sign to agree them.

All the information I have given is true and complete.

I understand that Sunderland City Council can take legal action (including prosecution) against me/my partner if anyone has given false or misleading information in connection with this DHP claim.

I understand how Sunderland City Council collect and use my personal information to support my claim

I also understand that I must let Sunderland City Council know about any changes in my circumstances which might affect my claim or DHP payment.

Customer name (print)		Customer signature		Date	
Partners name (print)		Partner signature		Date	

If someone has completed the form on your behalf please tell us:

The name of the person completing the form	
Their relationship to you – and why they are completing it	
Their signature	

Equality and Diversity Monitoring

Equality and Diversity Monitoring

Sunderland City Council wants to deliver the highest quality services to everyone, whatever their background. You are not required to complete any of these sections but telling us about your background will help us to make sure that we are meeting the needs of all our communities. If you feel that the group, you identify with is not listed feel free to write this in. All responses will be treated in confidence.

Gender

Please specify your gender

Female Male Transgender Prefer not to say

Age

Please specify your age group

17 or under 18-24 25-44 45-59 Over 60 years Prefer not to say

How would you define your sexual orientation?

Heterosexual Gay Bisexual Lesbian Prefer not to say

What is your ethnic group, choose ONE and tick the appropriate box?

White

English/Welsh/Scottish/Northern Irish/British Irish Gypsy or Irish Traveller Any other White background

Mixed/Multiple Ethnic Groups

White and Black Caribbean White and Black African White and Asian Any other Mixed background

Asian or Asian British

Indian Pakistani Bangladeshi Chinese Any other Asian background

Black/African/Caribbean/Black British

Caribbean African Any other Black background

Other ethnic group

Arab Any other ethnic group

The above ethnic groups are those categories used on the 2011 census. If you feel that these categories do not represent your ethnicity, please use your preferred description here e.g. Polish

If you selected other, please write in your ethnic group below

Religious belief

What is your religion?

No religion Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhist Hindu Jewish Muslim Sikh Any other religion

If you selected other, please write in your religion below

Disability

Do you consider yourself to be a disabled person? Yes No

If you are disabled, how would you describe your disability? (tick all that apply)

Visual impairment Speech impairment Hearing impairment Mobility (a wheelchair user)

Mobility (not a wheelchair user) Mental health condition Long term medical condition

Learning disability Hidden impairment Other

Impairment other

If you selected other, please specify your disability below