

Discretionary Housing Payments Application Form

To help us decide whether you should get more help please **answer all the questions** on this form. Please use black ink to fill in this form. Please note that you may be asked to provide evidence to prove anything that you tell us.

Please note that should a Discretionary Housing Payment be awarded it may only be for a short period only and may not cover the full shortfall. You must take steps to find a way to pay any rent shortfall yourself.

For 'YES / NO' questions – please put a tick in the appropriate box.

Your name		Partner's name (if any)	
Your address			
Your contact number		Benefit reference number	

Q1A – Why do you need help with your rent?	
Q1B – Please tell us how long you might need this help for	
Q1C – What adjustments can you make in the near future to enable you to meet the shortfall yourself?	

Q2 – What will be the consequences if you are not awarded a discretionary housing payment?

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Q3 – Could you afford to pay your rent when you first moved to this address?	YES / NO
<p>If the answer was YES, tell us what has changed and why you can no longer afford your rent.</p>	
<p>If the answer was NO, tell us why you went ahead and took on this tenancy.</p>	

<p>Q4 – What are you doing to find suitable alternative accommodation? Please give full details of what you have tried. If you have applied for a council house tell us when you are likely to be allocated one.</p>

<p>Q5 – What other steps are you taking to resolve your situation?</p>

<p>Q6 – Do you or any of your household have any health problems that require you to remain in this property? If YES, please give further details below.</p>	YES	NO

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Q7 – Has your home been adapted because you or any member of your family has a disability? If YES, please give further details below.	YES	NO

Q8 – Are you receiving assistance or support from any agency or charitable group (e.g. Social Work). If YES, please give further details below stating what assistance you receive.	YES	NO

Q9 – Do you have any children that you have a formal contact arrangement with that stay with you on a regular basis overnight. If YES, please give further details below and please provide evidence of the arrangement.	YES	NO

Q10 – Please use this space to tell us anything else about your circumstances that you think we should take into account. Tell us anything that may be relevant, even if you think it is not very important.

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Please complete the following information. If you do not complete this in full we will not be able to consider your application. We need to know how much money you have coming in and how much money you have going out. Please give details of **all** your income and spending below.

Income and Expenditure Information

INCOME Please list ALL income you get	Amount received	How often (e.g. weekly)	EXPENDITURE Please list your outgoings (the amounts you spend	Amount you pay	How often (e.g. weekly)
Wages			Council tax		
Income Support / JSA			Electricity		
Retirement Pension / Pension Credit			Gas		
Private pension			Other fuel		
Incapacity Benefit			Buildings / contents insurance		
Employment and Support Allowance			Life insurance		
Child Tax Credits			Groceries / food		
Working Tax Credits			School meals		
Disability Living Allowance			Telephone		
Maintenance			Court fines		
Other (please list below)			Debt payments (please list these on next page)		
			Other (please list below)		
Total income	£		Total outgoings	£	

There may be some expenses that we do not consider to be reasonable and we may apply or adjust these where we consider it to be appropriate.

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If you have listed any debts above, please give further information below.			
Who do you owe money to?	How much do you owe?	What is your weekly payment amount?	Have you contacted them to reduce your payments and if so, to how much?

Please give details of any bank accounts/savings you may have.		
Bank / Building Society name	Account number	Amount

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DECLARATION

Please read this carefully before you sign this form.

I declare that the information I have given on this form is correct and complete to the best of my knowledge.

- If the information I have given changes at any time I will notify East Ayrshire Council immediately.
- I understand that if the information I have given is incorrect I may be prosecuted.
- I authorise East Ayrshire Council to make enquiries to confirm the information I have given unless I have indicated otherwise.
- I authorise East Ayrshire Council to cross check the information I have given with the other sections of the Council within the terms of the Data Protection Act 1998.

Your signature		Date	
Partner's signature		Date	

If this form has been filled in by someone other than the person claiming, they must give their information below.

Name of person completing the form		Relationship to claimant	
Signature of person completing the form		Date	
Tell us why you have completed the form on behalf of the claimant			

Please return this form to:

EAC, Revenues and Benefits Section, P.O. Box 13, Civic Centre, John Dickie Street, Kilmarnock KA1 1BY or alternatively hand the form in to your nearest local East Ayrshire Council Office.

If you need to talk to us about the form you can phone us on 01563 554400.