

**DISCRETIONARY HOUSING PAYMENTS CLAIM FORM
YOUR HOUSEHOLD INCOME**

Name:	Benefit Reference:
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SOURCE	CLAIMANT AMOUNT £	HOW OFTEN IS THIS PAID	OFFICE USE ONLY	PARTNER AMOUNT £	HOW OFTEN IS THIS PAID	OFFICE USE ONLY
Wages/Salary						
JSA (contributions based)						
Income Support or JSA (income based)						
Working Tax Credit						
Child Tax Credit						
Retirement pension						
Private or occupational pension						
Pension Credit						
Incapacity Benefit						
Disability Living Allowance – CARE						
Disability Living Allowance – MOBILITY						
Maintenance						
Housekeeping/money from Non-dependants						
Other income/benefits						
Child Benefit						
OFFICE USE: TOTALS						

**DISCRETIONARY HOUSING PAYMENTS CLAIM FORM
EXPENDITURE**

SOURCE	AMOUNT £	HOW OFTEN ?	OFFICE USE ONLY	SOURCE	AMOUNT £	HOW OFTEN ?	OFFICE USE ONLY
Rent you pay (the amount not covered by Benefit)				School dinners			
Council Tax you pay				School expenses			
Household shopping (Food, toiletries etc)				Children's clubs			
Payments to catalogues				Sky/cable/digital TV			
Phone (land line)				Internet access			
Phone (mobile)				Loan repayments			
Personal insurance				Credit card payments			
Home insurance				HP Payments			
Health insurance or Optical/Dental costs				Pension Contributions			
Water rates				Regular Savings			
Gas				Subscriptions			
Electricity				Cigarettes/tobacco			
Other household fuel:				Alcohol			
TV licence				Entertainment/Eating out			
Court fines				Other			
Maintenance/Child Support payments				ARREARS OF:			
Shopping club				Rent			
TV/video hire				Council Tax			
Newspapers/magazines				Water rates			
Car – Petrol				Gas			
Car – Insurance				Electricity			
Car – Tax				Telephone			
Car – maintenance				Any other expenditure:			
Travel expenses (bus, train, taxi etc)							
Clothing							
OFFICE USE: TOTAL				OFFICE USE: TOTAL			

7. What disabilities, health problems or special needs do you or any member of your family have?

8. Please list all of the bank accounts (including Post Office accounts) and other savings and/or invested money that you and your partner (if you have one) have. Please list all single name and joint accounts/savings/investments, even if the accounts are overdrawn or not used very often. Please provide the latest 2 statements for each account.

State the name of the bank(s) etc. and the type of account(s), do not list the account number(s).

9. Are family or friends able to financially assist you or help with your children's expenses? YES/NO
Please give details.

10. Do you have rent arrears? YES/NO
If yes, how much (please provide proof).

11. Has your landlord taken any action against you to recover the arrears? YES/NO
If yes, please tell us what action they have taken?

12. If you have a Sky/Cable TV package, please give the date your contract started and details of how long you are tied in to your current agreement.

13. If you own a car, please detail the make, model and age.

Please use this space to explain why you need extra help with your rent and/or council tax and to tell us anything else about your circumstances, which might be relevant to this application even if you think it is not very important. Tell us about any action you are taking to improve your future finances.

DECLARATION

I have completed this application form and declare that the information given is true and complete to the best of my knowledge. I know that I must notify the Benefits Section of any changes in my circumstances within **one month** from the change. I understand that the information I have given in this application may be checked against other records held by the Council.

Signature:

Date:

Print full name:

*Daytime telephone number:

*It would be helpful if you could provide a daytime telephone number so that we can contact you if there is any query with the information you have supplied.