

REQUEST FOR DISCRETIONARY HOUSING PAYMENTS

Complete this form answering all questions and return it to the Benefits Section at the Civic Centre, Home Gardens, Dartford, Kent DA1 1DR. Please use black ink.

You should supply as much detail as possible so that we fully understand your situation. You will also need to tell us about all the money you have coming into your household and all the money you pay out each week/month and provide your last two months bank statements. **Your application may be held up if you do not supply your bank statements.**

NAME:

ADDRESS:

Benefit ref:

National Insurance No:

Please answer the questions below:

1. Did you ask for a Pre-Tenancy Determination to see how much benefit you would be likely to receive, prior to accepting the tenancy? (Private tenants only) YES/NO

If No, why not?

If Yes, why did you accept this tenancy?

2. Have you tried to negotiate a lower rent with your landlord? (Private tenants only) YES/NO

If No, why not?

If Yes, what was the outcome?

3. Have you considered/tried moving to cheaper accommodation? (Private tenants only) YES/NO

Please give details or give reasons for not moving.

4. How much notice do you have to give your landlord if you want to move?

5. Could you live with relatives/friends?

YES/NO

6. Has there been a death in the household in the past 12 months?

YES/NO

If yes, please give details.

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.

DISCRETIONARY HOUSING PAYMENT REQUEST - INCOME & EXPENDITURE

INCOME	CLAIMANT £	PARTNER £	HOW OFTEN ?	EXPENDITURE	AMOUNT?	HOW OFTEN ?
Wages/Salary				Rent you pay (amount not covered by HB)		
JSA (Contribution based)				Council Tax you pay (amount not covered by CTB)		
JSA (Income based)				Water Rates		
Income Support				Court Fines		
ESA (Contribution based)				Maintenance/Child Support payments		
ESA (income related)				Telephone (landline) (mobile)		
Working Tax credits				Insurance (Personal) (Home) (Health/optical/dental)		
Child Tax Credits				Household Fuel (Gas) (Electricity) (Other – please specify)		
Child benefit				TV expenses (licence) (TV/Video hire) (Sky/cable/digital TV)		
Maintenance/Child Support payments				Car expenses (Fuel) (Insurance) (Tax) (Maintenance)		
Retirement Pension				Travel expenses (bus, train, taxi etc.)		
Other pensions				Household shopping (Food, toiletries etc)		
Pension Credits				Clothing		
Incapacity Benefit				School expenses (dinners) (Children's clubs) (Other please specify)		
Disability Living Allowance (Care)				Internet access		
Disability Living Allowance (Mobility)				Loan repayments/HP payments		
Housekeeping/money from non-dependants				Catalogues/ Shopping clubs		
Income from lodgers				Credit card payments		
Other benefits				Pension Contributions		
Other income (please specify)				Regular savings		
				Subscriptions		
				Cigarettes/tobacco		
				Alcohol		
				Entertaining/Eating out		
				Any other expenditure		
INCOME TOTAL				EXPENDITURE TOTAL	£	£
	£	£				

Please provide evidence. Photocopies will be accepted.

If any of your expenditure includes arrears please provide evidence, e.g. rent arrears, telephone bill arrears.

Please specify purpose of loan/hire purchase:		Balance in bank accounts £	
Remaining terms of loan/hire purchase:		Other Investments £	

EQUALITY MONITORING QUESTIONNAIRE

We want to ensure we shape and design our services around the local population. So that we can provide the services that meet your needs, we should be grateful if you would answer the questions below.

Your answers are key to us finding out about the profile of our customers and staff and whether any of the services we provide need improving to meet particular needs. Your answers will not be used for any other purpose.

Your questionnaire will be separated from your Discretionary Housing Payments request form prior to assessment and will be kept **confidential** and **anonymous**.

1	Ethnic Group			
White:				
British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	
Any other white background	<input type="checkbox"/>			
Mixed:				
White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	
White and Asian	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>	
Asian or Asian British:				
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	
Bangladeshi	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	
Black or Black British:				
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	
Any other black background	<input type="checkbox"/>			
Chinese	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>	

2	Sex			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	

3	Age			
Under 16	<input type="checkbox"/>	25-59	<input type="checkbox"/>	
16-19	<input type="checkbox"/>	60-64	<input type="checkbox"/>	
20-24	<input type="checkbox"/>	65 and above	<input type="checkbox"/>	

4	If you have a disability, what is its nature?			
Difficulty getting around	<input type="checkbox"/>	Hearing difficulty	<input type="checkbox"/>	
Difficulty seeing	<input type="checkbox"/>	Learning difficulty	<input type="checkbox"/>	
Mental health problems	<input type="checkbox"/>	Other	<input type="checkbox"/>	