

Revenue & Benefits, Eastleigh House
 Upper Market Street, Eastleigh,
 Hampshire, SO50 9YN
 Telephone: 023 8068 8046
 Email: revbens@eastleigh.gov.uk

Date of Issue



Application for a Discretionary Housing Payment (PLEASE COMPLETE IN BLOCK CAPITALS)

Name:			
Address:			
		Benefit Reference:	
Postcode:		NI Number:	
Email:			
Daytime Phone Number:		Mobile Phone Number:	

Discretionary Housing Payments (DHPs) are made from a separate fund with a limited budget and are given to help customers in extremely difficult financial circumstances.

Please note:

- You must be receiving Housing Benefit (HB) or Universal Credit (UC) to qualify for a DHP
- DHP cannot cover some services which are included in your rent charge
- DHP and Housing Benefit (HB) or the rent element of Universal Credit (UC) combined cannot total more than the eligible rent charged
- DHP cannot cover sanctions applied to a DWP benefit or the recovery of HB overpayment

Please tell us why you are applying for a DHP. Do you need help with:

Rent
 Deposit
 Rent in Advance
 Other _____

Please specify

Have you tried to find cheaper alternative accommodation? **Yes / No**

If 'yes', how has this been done and provide documentary proof to support this

If 'no', please provide a reason

Have you tried to negotiate a lower rent with your landlord? **Yes / No**

If 'yes', what was the result

If 'no', please provide a reason

Please include details of any special circumstances that apply to you or members of your household giving the date when they started, and if possible, a date that they might end. Please include details of any disabilities.

Do you have any debts? **Yes / No**

If 'yes', from whom have you sought advice on how to clear the debts?

If this is a new or existing tenancy, before you signed the agreement did you:

- Seek advice, if so, from whom?
- Find out the maximum Housing Benefit/Universal Credit (rent element) payable, and if so, from whom?

What long term action are you taking to help your problem in meeting your housing costs?

If you have already received an award of DHP which is ending, and you are re-applying because you still need help with your housing costs, please explain what action you have taken during the period of your previous award to help your situation.

Income and Expenses

Income	You		Your Partner	
	Amount	How often? (eg.1/2/4 weekly, monthly etc.)	Amount	How often? (eg.1/2/4 weekly, monthly etc.)
Housing Benefit	£		£	
Council Tax Support	£		£	
Wages	£		£	
Income Support / Jobseekers Allowance	£		£	
Universal Credit	£		£	
Child Benefit	£		£	
Child Tax Credit	£		£	
Working Tax Credit	£		£	
Maintenance payments	£		£	
Retirement Pension	£		£	
Pension Credit	£		£	
Occupational pension	£		£	
ESA/Incapacity Benefit	£		£	
Other disability benefits	£		£	
Contributions (from non-dependants/lodgers)	£		£	
Other income - please specify	£		£	
Total	£		£	

Outgoings	Amount	How often? (eg.1/2/4 weekly, monthly etc.)	Total Arrears (if any)
Total Rent	£		£
Council Tax	£		£
Water / sewerage rates	£		£
Gas / Electricity	£		£
Telephone	£		£
Food / housekeeping	£		£
TV licence	£		£
Satellite/Digital TV	£		£
Clothing	£		£
Maintenance (voluntary / CSA / court order)	£		£
Insurances - please specify	£		£
Fines	£		£
Car expenses	£		£
Other travel expenses – please specify	£		£
Other - please specify	£		£
Total	£		£

Other Debts

Name of Creditor	Total Amount Owed	Payment Amount	How often? (eg.1/2/4 weekly, monthly etc.)
	£		
	£		
	£		
	£		
	£		
Total	£		

Extra Information
 Please use this space for anything else you want to tell us about. Use a separate sheet of paper and attach it to this form if you need to.

Evidence
 The following must be provided, please tick to confirm you have enclosed all the required evidence.

- The last 2 months statements for each bank, building society, savings or Post Office account that you hold
- Proof of all income and outgoings, if not previously provided to this office in the last 3 months
- Rent proof – showing full breakdown of charge
- Bank details – where payments are to be paid to

Account Name

Account Number

Sort Code --

Declaration I know that I must inform the Benefit section at Eastleigh Borough Council if there is any change in my circumstances that may affect my claim. I declare that the information I have given on this form is correct and complete.

Consent I agree for Eastleigh Borough Council to contact my Landlord if necessary to discuss details relating to my rent account. YES NO

Claimant's Signature:	<input type="text"/>	Date:	<input type="text"/>
Partner's Signature:	<input type="text"/>	Date:	<input type="text"/>

If you are filling this form in on behalf of someone else please confirm with the person the answers you have written are correct

Name of the person who filled in the form	<input type="text"/>
Signature of the person who filled in the form	<input type="text"/>
Relationship to the person claiming	<input type="text"/>
Date	<input type="text"/>

This information can be provided in alternative formats including large print, audio tape, Braille and other languages by calling 023 8068 8046 or revbens@eastleigh.gov.uk