

BDHP	Claim ref:
Date of issue:	

#### OPENING TIMES

Monday - Thursday : 8.45am to 5.10pm Chichester District Council

Friday 8.45am to 5pm

TEL: 01243 534509

FAX: 01243 521234

E-mail: [benefits@chichester.gov.uk](mailto:benefits@chichester.gov.uk)



## Discretionary Housing Payments (DHPs)

The Discretionary Housing Payments scheme helps people who are getting Housing Benefit or Universal Credit but because of their circumstances need extra help with their rent.

Discretionary Housing Payments are made from a separate fund with a **limited budget** and are awarded as a **short term** measure to help claimants in extremely difficult circumstances.

You **can** apply for this extra help if:

- You rent from a Housing Association and your Housing Benefit or Universal Credit has been restricted because you have too many bedrooms
- The amount of Housing Benefit or Universal Credit you receive is lower than your rent due to the level of Local Housing Allowance that you are entitled to.
- The amount of Housing Benefit you receive has been capped.
- Your financial circumstances are so severe that you have trouble meeting your rent liability.
- To get help with a deposit or rent in advance to either avoid a homelessness situation or to assist you in securing a smaller and/or cheaper rental property.

You **can't** get this extra help:

- to pay for any services included in your rent that cannot be met by Housing Benefit or Universal Credit, for example, water rates
- to cover any shortfall in Housing Benefit that occurs due to an overpayment being recovered
- to pay a rent that is clearly excessive or a rent that has been increased due to outstanding rent arrears.
- to pay council tax

If you want to be considered for Discretionary Housing Payments, please fill in this form. You need to give us as much information as you can to help us understand why your circumstances are special. If a question does not apply to you, please say so. If you need more space for any of the questions then use the back of this form or attach another sheet of paper.

**If you need any help to fill in this form, or you would like more information about it, then please contact us - a list of our offices is at the end of this leaflet. If you prefer, you can contact your local Citizens Advice Bureau or other local advice agency.**

When you have filled in this form please send it to the address at the top of this page, or you can hand the form in at any of our area offices – the addresses of these are on the back of this leaflet.

**PLEASE TURN OVER**

## Discretionary Housing Payments Claim Form

<b>Your name</b>			
<b>Your address</b>			
<b>Phone numbers</b>	<b>Home:</b> <b>Work:</b> <b>Mobile:</b>	<b>Claim number</b>	<b>Email address</b>
<b>Do you need extra help with your :</b>			
<input type="checkbox"/> Rent <input type="checkbox"/> Deposit <input type="checkbox"/> Rent in Advance <input type="checkbox"/> Removal costs <input type="checkbox"/> Unavoidable overlapping rent liability			
<b>How long do you think you will need this help for :</b>			
<input type="checkbox"/> Up to 6 weeks <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> 13 to 26 weeks <input type="checkbox"/> One off payment			
<b>Which of the following circumstances are the reason why you are claiming a DHP</b>			
<input type="checkbox"/> Size Criteria rule changes in social housing <input type="checkbox"/> Changes to Local Housing Allowance <input type="checkbox"/> Benefit Cap <input type="checkbox"/> Personal circumstances causing hardship <input type="checkbox"/> Unable to raise funds for deposit/rent in advance/removal costs			
<b>How much do you need each week and when do you need this from? If you need an award to be backdated, please tell us why you did not claim earlier.</b>			
Weekly amount requested: £			
From			

**If you need help with a rent deposit and/or rent in advance, please advise the following**

How much is required for your deposit? £

Are you due to have a deposit or rent in advance of your current tenancy returned to you and if so when will you receive this?

Yes  No  Due date

If you need help for rent in advance, please confirm the full contractual rent of the property you are intending to move into.

£ per month

Please tell us the date you moved in/intend to move in and why you chose this property

**Have you or a family member got any health problems or disabilities?**

**Please tell us how your accommodation is suitable for you (and you family)**

**Please confirm what you have done to find suitable alternative accommodation? Are there any special reasons why you could not move somewhere else?**

**If you have had a previous DHP award, what steps have you taken to improve your situation since the last award was granted**

**Are there any special reasons that made you decide to move to your current home?**

**Do you have any rent arrears and has your landlord taken any action against you to recover these arrears?** If 'Yes', please provide proof of the arrears and tell us here what action they have taken.

**Have you tried to talk to your landlord to see if they will accept less rent from you?**

**Were you able to afford the rent when you moved in?** If 'Yes', please tell us how you were able to afford it, for example, 'I was working.'

**Do you have any friends or relatives who could help you either with the rent or with accommodation, if only temporary?**

**Please tell us if you have any savings and how much they are.**

**If you have some savings, have you saved this money for a particular reason?**

**Please use this space to tell us anything else about your special circumstances. Tell us about anything that is relevant, even if you think it is not very important. Use a separate sheet of paper if necessary, and tick this box if you are sending it with this form:**

<b>Money coming in</b>		
Take Home Pay (including overtime, commission, bonuses etc)	£	Per week
Housing Benefit	£	Per week
Universal Credit	£	Per week
Income Support	£	Per week
Jobseekers Allowance	£	Per week
Child Benefit	£	Per week
Working Tax Credit	£	Per week
Child Tax Credit	£	Per week
Pension Credit	£	Per week
Employment and Support Allowance	£	Per week
DLA Care or PIP	£	Per week
DLA Mobility (received in bank and not paid directly for car)	£	Per week
Pension - State Retirement	£	Per week
Pension – Private/Works/Occupational	£	Per week
Other Benefit (please state which)	£	Per week
Interest from capital	£	Per week
Money from other adults in the house	£	Per week
Maintenance received	£	Per week
<u>Other Income (give details)</u>		
.....	£	Per week
<b>Total Income</b>	£	Per week

**Money you have to pay out** (Do not include any payments made by other members of the household out of their own income)

Full Rent Liability	£	Per week
Rent Arrears	£	Per week
Council Tax	£	Per week
Gas	£	Per week
Gas Arrears	£	Per week
Electricity	£	Per week
Electricity Arrears	£	Per week
Telephone - landline	£	Per week
Telephone - mobile	£	Per week
Water Rates	£	Per week
Water Rates arrears	£	Per week
TV Licence	£	Per week
TV Rental	£	Per week
Sky or Cable TV	£	Per week
Internet	£	Per week
Housekeeping (food, etc)	£	Per week
Tobacco	£	Per week
Alcohol	£	Per week
Car - finance	£	Per week
Car - fuel	£	Per week
Car - road tax	£	Per week
Car – insurance	£	Per week
Parking	£	Per week
Travel - bus/train fares	£	Per week
Travel – taxi fares	£	Per week
Insurance – house	£	Per week

**Money you have to pay out**

Insurance - personal	£	Per week
Clothing	£	Per week
Maintenance paid out	£	Per week
Court Fines	£	Per week
Mortgage	£	Per week
Second Mortgage	£	Per week
Entertainment (please specify)	£	Per week
Medical prescriptions	£	Per week
Contact Lenses/Glasses	£	Per week
Private Pension Contributions	£	Per week
Launderette	£	Per week
Childcare costs/Nursery fees	£	Per week
Bank Charges	£	Per week

**Please list below any other loans, catalogues, store cards and/or credit card debts**

.....	£	Per week

Any other expenses not listed on the previous pages	£	Per week
.....	£	Per week
.....		

Your signature \_\_\_\_\_ Date \_\_\_\_\_

If this form has been filled in by someone other than the person claiming, please tell us why you are filling in this form for the person claiming:

Name of the person who filled in the form \_\_\_\_\_ Relationship to the person claiming \_\_\_\_\_

Signature of the person \_\_\_\_\_ Date \_\_\_\_\_