

PLEASE COMPLETE USING INK AND CAPITAL LETTERS



Name

Address

Memo

Date issued

Ref No. \_\_\_\_\_

# Discretionary Housing Payment APPLICATION FORM

## IMPORTANT INFORMATION

### Who can claim a Discretionary Housing Payment?

Anyone who is currently in receipt of Housing Benefit or Housing Costs (within Universal Credit) and is struggling to meet their full housing costs can apply for a Discretionary Housing Payment (DHP).

DHP's are discretionary awards paid by councils to provide financial assistance to people who are experiencing difficulty in meeting housing costs. Housing costs include rent payments, rent deposits, rent in advance and removal costs. To qualify for a DHP, you must be in receipt of Housing Benefit or the housing costs element of Universal Credit.

### How to Apply

Please complete this form and ensure all questions are answered. Provide as much information as possible in support of your application, this should include full details as to why you are experiencing financial hardship. You may have to provide evidence to support your application.

The quickest and easiest way to apply for Discretionary Housing Payment is to complete the electronic form then email the address below:

Email to: [benefits@eastrenfrewshire.gov.uk](mailto:benefits@eastrenfrewshire.gov.uk)

Or print and return by post to: **East Renfrewshire Council**  
**Benefits & Discretionary Payments**  
**211 Main Street**  
**Barrhead**  
**G78 1SY**

To contact us by phone: **0141 577 3002**

**Do you have a partner who normally lives with you?**

No

Yes

By partner we mean a person you are married to or a person you live with as if you are married to them or a civil partner or a partner you live with as if you were civil partners

**If you have a partner you must answer all the questions about them**

**You**

**Your Partner**

**Last name**

**Other names**

**Title** Mr, Mrs and so on.

**Address**

Do not tell us your partner's address if it is the same as yours.

  
  
  
  

Postcode

Postcode

**Date of birth**

 /  /  /  / 

**National Insurance number**

Letters   Numbers        Letter

Letters   Numbers        Letter

**Phone number**

**Email address**

Why are you applying for Discretionary Housing Payment?

Removal costs  Social sector size criteria (under occupancy charge)

Shortfall in rent due to local housing allowance rates  Benefit cap

Cover rent prior to moving in

Other (please provide details)

Are you in receipt of Housing Benefit or Housing Costs within Universal Credit?

Yes  No

How much is your rent? (Please provide proof of this)

£

every

(week / fortnight / 4 weeks / month)

How many bedrooms are within your home?

--

What is your Landlord's name and address

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Details of all other people who live with you:

Name	Date of Birth	Relationship to you
National Insurance number	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>	

Name	Date of Birth	Relationship to you
National Insurance number	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>	

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Are you at risk of being evicted because of a shortfall in your rent?

Yes  No

If yes, please provide details:

If you rent your home from a private landlord, have you asked your landlord if he/she could reduce the rent to a level you can afford?

Yes  No

If yes, please provide details:

Could you move to cheaper accommodation?

Yes  No

If no, please provide details why not?

If you rent your home from a private landlord, please provide the date on which your lease is due for renewal:

Are there any health/medical problems affecting any members of your household which would prevent or make it difficult for you to move house?

Yes  No

If yes, please provide details:

Does your property have any disabled adaptations?

Yes  No

If yes, please provide details:

## Financial Statement (PLEASE ENTER AS WEEKLY AMOUNTS)

(Income received by you and your partner)

<b>Income</b>	<b>£</b>	<b>Expenditure</b>	<b>£</b>
Earnings (wages)		Rent	
Universal Credit		Council Tax	
Jobseekers Allowance		Electricity	
Employment Support Allowance		Gas/other fuel	
Pension Credit		Telephone (mobile)	
Works/Private Pension		Telephone (landline)	
Tax Credits		Food	
Child Benefit		Household items/toiletries	
Bereavement Support Allowance		Clothing	
Maintenance received		School meals	
Other Income (please specify)		Travelling expenses	
PIP/DLA		Car expenses	
		Maintenance paid	
		Life insurance	
		Home Insurance	
		TV subscription/license	
		Fines	
		Child care costs	
		Leisure/socialising	
		Others (please specify)	
<b>Total Income</b>	<b>£</b>	<b>Total Expenditure</b>	<b>£</b>

Do you or your partner have any bank/building society/post office accounts?

Yes  No

If yes please provide type of account and current balance:

Type	Amount
	£
	£
	£

Do you have any other savings, investments or property?

Yes  No

If yes, please provide details:

Type	Amount
	£
	£
	£

Do you have any outstanding debts?

Yes  No

If yes, please provide details:

Creditor Please provide name	Repayments Due Amount and frequency of payments	Balance Outstanding balance

Please provide details as to why you are applying for a Discretionary Housing Payment and give as much detail as possible about your family and financial circumstances:

How much additional help do you think you need each week?

£

# Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can.  
If you have a partner, they must sign this declaration as well.

Please read this declaration carefully before you sign and date it.

I understand that:

- If I give information that is incorrect or incomplete, you may take legal action against me. This may include court action.
- You will use the information I have provided to assess my claim for Discretionary Housing Payment. You may check the information with other sources as allowed by law.
- You may use the information I have provided in connection with this and any other claim for Social Security Benefits that I have made or may make. You may give some information to other organisations, such as government departments, Local Authorities and private sector companies such as banks and organisations that may lend me money, if the law allows this.

**I Know** I must let the council know **IMMEDIATELY** about the changes in circumstances, which might affect my claim.

**I declare** the information I have given on this form is correct and complete.

Signature of person claiming	Date:
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Partner's Signature	Date:
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**If this form has been completed 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 completed the form
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Signature of the person
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Relationship to the person claiming
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Date:
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