

Benefits Team, Council Offices Desford Road

Narborough Leicester LE19 2EP

Telephone: (0116) 272 7510

Email: benefits.team@blaby.gov.uk

the heart of Leicestershire

APPLICATION FOR A DISCRETIONARY PAYMENT (W)				
Name				
Address				
		Postcode		
Email:				
Contact Number				
National Insurance Number		Date Of Birth		
Council Tax Number (if known)	X Number Claim Number			
Please indicate below what help you need. TICK ✓				
Help towards Council	Тах			
Help towards rent				
If you are a Support/ A someone else please	Advice worker/ Agent/ Family Membe complete below.	er/ Appointee completing	g this form on behalf of	
Name		Organisation		
Address				
Postcode Contact Number				
Permission to discuss pointee	s this application with the above Sup	port/ Advice worker/ Ag	ent/ Family Member/ Ap-	
I hereby give permiss	ion to discuss my claim with the abo	ove person		
Signature		Date		
Print Name		1		

Please tell us about all tand any other adults.	he people wl	ho normally l	ive with you,	such as a p	artner, childrer
Name	Relationship to you	Date of Birth	National insurance number	Weekly In- come	Type of Income (eg Earnings, state benefits)
****You	will need to	provide evide	ence of their	income****	
If you pay rent					
Who do you rent your property from?					
Address	•				
			Postcode		
Permission to contact y	ou Landlord				

Yes

No

About your Rent	
How much is your Rent	£
Do you currently have any rent arrears?	Yes No
How much are your arrears?	£
Could you afford the property when you first moved in.	
If no why did you leave your previous address?	
Have you tried to get your landlord to accept a lower rent?	
Has your landlord taken any action to recover the amounts that you owe? If yes what action has been taken?	
Have you discussed alternative housing with our housing options team? If yes are you on a re-housing list or applying for an alternative property? Please give details	
Do you have or any member of your family have health problems or disabilities which affect your housing needs?	
If Yes please give details	
Is there anyone else in your household who can help you pay your rent?	
If yes, who can help you ?	
If you live in a Housing Association property have you asked your landlord about downsizing to a property with less bedrooms?	
Please explain in detail why you r	require Discretionary Housing Payments.
Please provide details of anything about plication. Please continue on a separate	your circumstances which will support your apsheet if required.

Income and Expenditure

Please complete the details of your income and expenditure in respect of your household. State whether amounts are weekly, monthly, 4-weekly, quarterly, 6 monthly or annually

£	How often	Expenditure	£	How often
i		Full Rent/ Mortgage		
		Council Tax		
		Life Insurance		
		House Insurance		
		Water rates		
		Electricity		
		Gas		
		Mobile Phone		
		Food/ General Groceries		
		Maintenance you pay for children elsewhere		
		TV Licence/Subscriptions		
		Internet/ Landline		
		Credit Cards **		
		Loan repayments **		
		Store cards / Catalogue**		
		County Court Judgments**		
		Petrol/Diesel		
		Car Insurance /Road Tax		
		Clothing		
		Travel expenses		
		School Meals / Transport		
		Childcare		
			House Insurance Water rates Electricity Gas Mobile Phone Food/ General Groceries Maintenance you pay for children elsewhere TV Licence/Subscriptions Internet/ Landline Credit Cards ** Loan repayments ** Store cards / Catalogue** County Court Judgments** Petrol/Diesel Car Insurance /Road Tax Clothing Travel expenses School Meals / Transport	House Insurance Water rates Electricity Gas Mobile Phone Food/ General Groceries Maintenance you pay for children elsewhere TV Licence/Subscriptions Internet/ Landline Credit Cards ** Loan repayments ** Store cards / Catalogue** County Court Judgments** Petrol/Diesel Car Insurance /Road Tax Clothing Travel expenses School Meals / Transport

List all your Bank Account here

Please list all of your and your partner's accounts: including accounts that are over-drawn or empty

drawn or empty				
Bank Name & account number		Type of Capital	Amount Held	Belongs to
Example: Natwest 123456789		Current Ac- count	Overdrawn	Ме
Example: 123456ABC		Santander Shares	£240.00	Partner
** List of people/c	ompanies yo	u owe money	to	
Please write all your	debts here and	provide suppo	rting evidence	
Type of Debt	Company/ Person you owe	Amount Out- standing	Repayment Plan Amount	Frequency
Example Debt	British Gas	£365.00	£40	Per Month
Please give any further in	formation that you	u feel may be relev	/ant regarding loans aı	nd debts.

EVIDENCE

Your application will not be processed unless all the documents are supplied

Proof of Income Wages—payslips latest 2 if monthly or 4-weekly paid or latest 5 if weekly paid Proof of Expenditure Proof of rent paid—receipts/rent book/statement from landlord Proof of your Universal Credit You only need to provide this if you do not have a Council Tax Support claim with us Proof of Debts Proof of Mortgage, second mortgage, arrears of mortgage, arrears letters etc Proof rent Arrears—rent statement, arrears letters, possession orders, court orders Loans—proof of loan repayments, arrears letters, court orders etc. Utility Debts—Proof of Gas, Electric ,Water arrears letters, court orders etc. Tax Pille, proof outstanding Tax outling	We will need	Tick	✓
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	Utility Debts—Proof of Gas, Electric ,Water arrears letters, court orders etc.		
Toy Pills proof outstanding Toy owing	Maintenance arrears—Child Support Agency letters etc		
Tax Dilis - proof outstanding Tax Owing	Tax Bills - proof outstanding Tax owing		

****Only complete this section if you receive Universal Credit ****

If your application for an award is successful how do you want us to pay you?

Please tick your choice and provide the required details where appropriate.

N.B Please note that if your landlord is receiving managed payments from your Universal Credit we will pay any award direct to them to ensure security of your tenancy

I want my award to go to my landlord		Name Of Bank
Yes	No	Account Holder
		Sort Code
		Account Number
I want my award to go to my bank account		Name Of Bank
Yes	No	Account Holder
		Sort Code
		Account Number

Section 7. DECLARATION – please read carefully before signing. I declare that this is a true record of my income and expenditure and all the information that I have given you is correct. I agree that you will use the information I have provided to process my application for a Discretionary award and that you may check some of the information I have given with other sources as allowed by the law and the information may be shared with Citizens Advice Bureau if I am a client of theirs. I have provided the necessary documents to support this request. If I have a change of circumstances I understand that I must advise the Benefits Team and my entitlement to an award may be revised, reduced or stopped and I understand that if I receive a payment that I am no longer entitled to I may be required to repay any overpayment made. Signature of applicant Date: Signature of person completing the form (if applicable) (Please see foot note)** **Date IMPORTANT** HAVE YOU PROVIDED 2 MONTHS RECENT STATEMENTS FOR ALL OF YOUR BANK **ACCOUNTS** HAVE YOU PROVIDED STATEMENTS FOR ANY LOANS / CREDIT CARDS / DEBTS LISTED ON THIS FORM? YOUR APPLICATION WILL BE REJECTED IF YOU HAVE NOT PROVIDED THE ABOVE DOCUMENTS ** If you are completing this on behalf of someone else please tell us why you have filled this form in for the person claiming?