

APPLICATION FOR A DISCRETIONARY PAYMENT

Name:		
Address:		
	Postcode:	
Home Telephone Number:		
Mobile Number:		
Email:		
Claim Number:		
Council Tax Account Number:		
Please indicate below which area of help you require:		Tick (✓)
Help towards your Council Tax charge (if your property is in the area of Blaby District Council)		
Do you have a Housing Benefit claim with Blaby District Council? (If you do not have a Housing Benefit claim with Blaby Council you need to request help from the Local Authority that you are claiming from)		
Further help towards your rent		
Address you wish to claim a Discretionary Payment for if different from above: (this includes the address of a second property if you are claiming help for changes in the class A or C exemptions for liability)		
Postcode:		
If you are a support or advice worker completing this form on behalf of someone else please complete below:		
Name:	Organisation:	
Address:		
Postcode:	Telephone:	

Section 1. DISCRETIONARY COUNCIL TAX SUPPORT - please complete if you are applying for assistance with your Council Tax charge.

Are you currently in receipt of Council Tax Support?	
If you have not made a claim please state why.	
Are you applying for help with the Council Tax for the property that you currently live in?	
If no please advise why you require assistance with the Council Tax on a second property.	
Is there anyone else in your household who can help you pay your Council Tax?	
Do you have arrears of Council Tax from prior years?	

Section 2. DISCRETIONARY HOUSING PAYMENT—please complete if you are currently renting the property that you live in. If you are not applying for help with your rent please go to Section 3

How many bedrooms does your property have?	
Could you afford the property when you first moved in? If No why did you leave your previous address?	
Did you check what Housing Benefit you would get before you moved into this property?	
Have you tried to get your landlord to accept a lower rent?	
Are you currently in arrears with your rent? If Yes how much are your arrears?	
Has your landlord taken any action to recover the amounts that you owe? If yes what action has he taken.	
Do you give us permission to contact your landlord to discuss your claim?	

Section 2. (continued) DISCRETIONARY HOUSING PAYMENT

What steps have you taken to find other affordable accommodation?

Have you discussed alternative housing with our Housing Options Team? f Yes, are you on a re-housing list or applying for an alternative property? Give details.

Do you or any members 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 you live in a Housing Society property have you asked your landlord about downsizing to a property with less bedrooms?

Have you approached any other organisations for help with debts or financial assistance? If Yes please provide details.

Please explain in detail why you require Discretionary Housing payments.
Please provide details of anything about your circumstances which you feel make your situation exceptional. E.g. Family situation, your health or other health issues in your household , any disabilities or special needs, bereavement, reasons why you feel you cannot move etc... please continue on a separate sheet if required.

Section 3. INCOME AND EXPENDITURE

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

Please note that we cannot consider your request if you do not provide evidence of all of this information.

INCOME	£	How often	EXPENDITURE	£	How often
Wages (claimant)			Rent (excess not covered by Housing Benefit)		
Wages (partner)			Mortgage		
Income Support			Second Mortgage		
Child Benefit			Council Tax (excess not covered by Council Tax Support)		
Child Tax Credit			Life insurance		
Working Tax Credit			House insurance		
Maintenance			Water rates		
Job Seekers Allowance			Electricity		
Employment Support Allowance			Gas		
Incapacity Benefit			Telephone—Landline and/or Mobile Phone		
Statutory Sick Pay			Food		
Maternity Allowance			Clothing		
Statutory Maternity Pay			Maintenance		
State Retirement Pension			TV licence/rental/satellite/cable		
Pension Credit			Credit cards		
Private Pension			Loan repayments		
Disability Living Allowance or Personal Independence			Store card and/or Catalogue repayments		
Attendance Allowance			Petrol		
Carers Allowance			Car insurance		
Contributions from lodgers or boarders			Road tax		
Contributions from non-dependants			Travelling expenses		
Other income:			Childcare		
			School Meals		
			Fines		
Total Income			Total Expenditure		

Please tell us how much money you/your partner have in banks / building societies / other savings / stocks and shares / ISA's / property etc? £ _____

Section 4. Questions about accounts and investments

1) Please list **all** of your and your partner's accounts and investments below, **including accounts that are empty or overdrawn**. Please also include money held by a solicitor, friend, family, or trust.

Bank name & account number	Type of capital	Amount held	Belongs to
<i>Example: Natwest 12345678</i>	<i>Current account</i>	<i>Overdrawn</i>	<i>Me</i>
<i>Example: 12345ABC</i>	<i>Santander shares</i>	<i>240</i>	<i>Partner</i>

Section 5. Questions about debts and loans

We need to have some information about any outstanding debts or loans you may have. Please give details below.

Type of debt or loan	Company/Person you owe money to.	Amount Outstanding	Repayment Plan Amount	Frequency
<i>Example: Debt</i>	<i>Severn Trent</i>	<i>£300.00</i>	<i>£40</i>	<i>monthly</i>
<i>Example: Loan</i>	<i>Quick Quid</i>	<i>£120.00</i>	<i>£10.00</i>	<i>weekly</i>
<i>Example: Debt</i>	<i>Landlord—rent arrears</i>	<i>£800.00</i>	<i>£20.00</i>	<i>monthly</i>

Please give any further information that you feel may be relevant regarding loans or debts:

Section 6. EVIDENCE	
<p>Please tick the boxes to tell us what evidence you are sending with this form. We must see original documents, not copies. If you do not show us all the proof we need we will not be able to process your request. The following is a list of evidence that can be provided. Please note that this list is not exhaustive. If</p>	
Proof of Bank Accounts	Tick (√)
<p>You will need to provide 2 months bank statements/transactions for all accounts held or your application cannot be considered.</p>	
Proof of Income	Tick (√)
Wages—payslips latest 2 if monthly or 4-weekly paid or latest 5 if weekly paid	
Sick or maternity pay— payslips latest 2 if monthly or 4-weekly paid or latest 5 if weekly paid	
Social Security Benefits—award letters	
Pensions-payslips showing or letter confirming current payments	
Maintenance or Child Support Allowance - letter re payments	
Proof other Income	
Proof of Expenditure	Tick (√)
Proof of rent paid—receipts/rent book/statement from landlord	
Proof of mortgage repayments and second mortgage payments if applicable	
Utility Bills—Electric, Gas, Water, Telephone	
Broadband/Satellite/Cable/Subscriptions	
Childcare costs	
Credit card repayments / Catalogue/Storecards	
Motoring Expenses—Insurance documents, Car Tax, Car Finance, etc	
Insurances—House, Life, medical etc....	
Proof other expenditure	
Proof of Debts	Tick (√)
Proof of Mortgage, second mortgage, arrears of mortgage, arrears letters etc..	
Proof rent Arrears—rent statement, arrears letters, possession orders, court orders	
Loans—proof loan repayments, arrears letters, court orders etc.	
Utility Debts—Proof of Gas Electric Water arrears letters, court orders etc.	
Maintenance arrears—Child Support Agency letters etc...	
Tax Bills - proof outstanding Tax owing	
Any Other Evidence Provided (please describe i.e. medical proof)	Tick (√)

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 understand that you may use the information I have provided in connection with this and any other claim for social security benefits that I may make and that you may give some of this information to other organisations, such as government departments, local authorities and private sector companies like banks and other organisations that may lend me money, if the law allows this,

I have provided or on request will provide you with the necessary documents to support this request for help under the discretionary housing payment fund or council tax support hardship fund.

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.

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 or person completing form:

Date:

PLEASE ENSURE THAT YOU HAVE PROVIDED ALL THE EVIDENCE REQUIRED TO SUPPORT THIS CLAIM—see Section 4

IMPORTANT

HAVE YOU PROVIDED 2 MONTHS RECENT STATEMENTS FOR ALL OF THE ACCOUNTS LISTED IN SECTION 4 OF THIS FORM?

HAVE YOU PROVIDED STATEMENTS FOR ANY LOANS / CREDIT CARDS / DEBTS LISTED IN SECTION 5 OF THIS FORM?

YOUR APPLICATION WILL BE REFUSED IF YOU HAVE NOT PROVIDED THESE WITHIN ONE MONTH OF SUBMITTING THIS FORM.

If you have completed this form on behalf of someone else please tell us why you have filled this form in for the person claiming:

PERMISSION TO DISCUSS WITH LANDLORD:

I hereby give you permission to discuss my claim for Housing Benefit and my DHP application with my landlord:

Landlords Name:

Landlord Address:

Signed:

We will not share personal or household circumstances with your landlord but would discuss any rental liability, arrears or repayments.