

UNIVERSAL CREDIT
Application for a Discretionary Payment

| | |
|------------------------------------|------------------|
| Name: | |
| Address: | |
| | |
| | Postcode: |
| Home Telephone Number: | |
| Mobile Number: | |
| Email: | |
| Claim Number: | |
| Council Tax Account Number: | |
| Date of Birth: | |
| National Insurance Number: | |

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:

| 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) | |
| Further help towards your rent | |

If you are a support or advice worker completing this form on behalf of someone else please complete below:

| | |
|-----------|---------------|
| Name: | Organisation: |
| Address: | |
| | |
| Postcode: | Telephone: |

About your household

Please tell us about all the people who normally live with you, such as a partner, children, any other adults. If you live alone, please write "none".

| Name | Relationship to you | Date of Birth | National Insurance Number | Weekly Income £ | Type of Income (e.g. earnings, state benefits etc..) |
|------|---------------------|---------------|---------------------------|-----------------|--|
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You will need to provide evidence of their income.

About your tenancy

Who do you rent your property from?

| | | |
|--|-------|----|
| A registered Provider/Housing Association | Yes | No |
| If Yes please provide their Name and Address | Name: | |
| Address: | | |
| A Private Landlord | Yes | No |
| If Yes please provide their Name and Address | Name: | |
| Address: | | |

How many rooms are there in your property?

| | In the whole building | Just for you and your household | That you share with other people |
|------------------------------|-----------------------|---------------------------------|----------------------------------|
| Living Rooms | | | |
| Bedsitting Rooms | | | |
| Bedrooms | | | |
| Bathrooms | | | |
| Kitchen | | | |
| Other Rooms (please specify) | | | |

About your rent

| | | | |
|--|------------------------------|-----------------------------|--|
| How much is your rent? | £ | | |
| Do you have a managed payment from Universal Credit to your landlord? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Do you currently have any rent arrears? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| How much are your arrears? | £ | | |
| Do you have a deduction from your Universal Credit in respect of rent arrears paid to your landlord? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If Yes, how much is paid monthly to your landlord? | £ | | |

Contacting your landlord

| | | | |
|--|------------------------------|-----------------------------|--|
| Do you give us permission to contact your landlord if we need to confirm any of the details in respect of your rent or your arrears? (We will not share personal or household circumstances with your landlord but would discuss any rental liability, arrears or repayments.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
|--|------------------------------|-----------------------------|--|

Evidence

| | |
|---|---|
| When submitting your application for a DHP it may prevent a delay in making our decision if you could provide the documents listed: | <ul style="list-style-type: none">• Tenancy agreement or proof of liability with amount and frequency.• Rent Account showing arrears of rent or letter from your landlord.• Latest Universal Credit award letter showing Housing Element and/or managed payments. |
|---|---|

Please explain why you require Discretionary 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 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

Could you afford the property when you first moved in?
If No why did you leave your previous address?

Did you check what Housing assistance 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

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|--|--|
| 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 yes, who can help you? | |
| 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. | |

Payment of a Discretionary Housing award

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

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

| | |
|---|---|
| <p>I want my benefit to go straight into my landlord's bank or building society account</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Name of Bank: Account Holder; Sort Code: Account Number: Roll Number (where applicable):</p> |
| <p>I want my benefit to go straight into my bank or building society account</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Name of Bank: Account Holder; Sort Code: Account Number: Roll Number (where applicable):</p> |

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

| INCOME | £ | How often | EXPENDITURE | £ | How often |
|--|---|-----------|--|---|-----------|
| Wages (claimant) | | | Full Rental Liability | | |
| Wages (partner) | | | Mortgage | | |
| Universal Credit | | | Second Mortgage | | |
| Child Benefit | | | Council Tax Instalments | | |
| | | | Life insurance | | |
| | | | House insurance | | |
| Maintenance | | | Water rates | | |
| Statutory Sick Pay | | | Electricity | | |
| Job Seekers Allowance | | | Gas | | |
| Employment Support Allowance | | | Telephone—Landline and/or Mobile Phone | | |
| Maternity Allowance | | | TV licence/rental/satellite/cable | | |
| Statutory Maternity Pay | | | Food | | |
| Private Pension | | | Clothing | | |
| Disability Living Allowance | | | Maintenance | | |
| Personal Independence Payment | | | Petrol | | |
| Attendance Allowance | | | Car insurance | | |
| Carers Allowance | | | Road tax | | |
| Contributions from lodgers or boarders | | | Travelling expenses | | |
| Contributions from non-dependants | | | Childcare | | |
| Other income: | | | School Meals | | |
| | | | Credit cards | | |
| | | | Loan repayments | | |
| | | | Store card and/or Catalogue repayments | | |
| | | | 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> |
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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> |
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Please give any further information that you feel may be relevant regarding loans or debts:

Section 6. EVIDENCE

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

| | |
|---|-----------------|
| Proof of Bank Accounts | Tick (√) |
| You will need to provide 2 months bank statements/transactions for all accounts held or your application cannot be considered. | |
| 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 or 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 (√) |
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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.

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: