



Dear Sir / Madam,

Please find attached an application form for a loan for a deposit and/or rent in advance for a privately rented property.

Although the title of the application form is 'Discretionary Payment application form' the same details are used to apply for the Housing Options Rent Deposit Scheme.

We will inform you if you qualify for a Discretionary Housing Payment through Housing Benefits, however please note that the Housing Options Rent Deposit Scheme is a **loan**.

The loan has to be paid back and the repayments will be calculated according to your affordability. The conditions of this loan also depend on your acceptance of our Acceptable Attitude Agreement Regarding Rent, included in this form.

If the loan is agreed by the Housing Options Manager, the rent in advance or deposit is paid directly to the Landlord and then you will be invoiced. Your invoice is important as it will have your unique reference on so that you can use pay point methods.

If everything is alright at the end of the tenancy you can apply to have the deposit amount returned to you through your landlord.

Please note: If you fail to make re-payments against your loan then debt recovery processes will apply. It is your duty to inform us of any changes in your details or a change in your circumstances which may affect your repayments.

Kind Regards

Housing Options

Blaby District Council.

ACCEPTABLE ATTITUDE AGREEMENT REGARDING RENT

THIS Agreement is made on [Date] _____

BETWEEN [Name] _____

of [Address] _____

AND Housing Options – Blaby District Council

I AGREE to the following in respect of future conduct regarding their housing situation:

- Keep monitoring the rent and inform the landlord of any changes in circumstances,
- Keep providing up to date information to Housing Options regarding rent and housing benefit payments,
- Not to do anything that might lead to rent arrears,
- Respond promptly to any information requests from housing benefit regarding rent payments,
- To be aware that any irresponsible behaviour that results in causing housing problems including rent arrears might deem the family being intentionally worsening their housing situation. This means that Blaby District Council might cease its help and assistance to the family in the future.

DECLARATION

I confirm that I understand the meaning of this agreement and the consequences have been explained to me.

SIGNED : _____

DATE: _____

On Behalf of Housing Options

SIGNED: _____

DATE: _____



Benefits Team, Council Offices, Desford Road,
Narborough, Leicester LE19 2EP
Telephone: (0116) 272 7510
Fax: (0116) 272 7591
Email: benefits@blaby.gov.uk
Website: www.blaby.gov.uk

**APPLICATION FOR A DISCRETIONARY PAYMENT
TOWARDS RENT IN ADVANCE OR DEPOSIT**

| | |
|---|------------------|
| Name: | |
| Address: | |
| | |
| | Postcode: |
| Home Telephone Number: | |
| Mobile Number: | |
| Email: | |
| Claim Number: | |
| <p>Have you requested assistance for rent and /or deposit from the Housing Options Team? (If you have not asked them for assistance we cannot proceed with help from this fund.) YES / NO</p> | |
| <p>Have they agreed to help you with the Rent in advance and/or Deposit or Bond? YES / NO</p> | |
| <p>Can you afford the repayment terms for the loan? YES / NO How much will the weekly repayment be? £ _____</p> | |
| <p>Have the necessary checks to the property been made by the Housing Options Team? YES / NO</p> | |
| <p>Do you have a Housing Benefit claim with Blaby District Council? YES / NO (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.) If you do not currently claim Housing Benefit you are not eligible for the Discretionary Housing Payment.</p> | |
| <p>Address you wish to claim a Discretionary Payment for :</p> | |
| | |
| | |
| Postcode: | |
| <p>Date that you are due to move into the property: (If you have already moved we cannot help with the deposit or bond)</p> | |
| | |
| | |
| | |

Section 2. Information regarding the rent on the property

How much is the rent on this property and what is the frequency of payment (i.e. monthly/four-weekly/fortnightly/weekly)

Why are you moving to this property?

Is the new property cheaper to rent than your current property?

YES / NO

If the property is not cheaper please advise whether all your rent was met by Housing Benefit on your current property and if not what was the shortfall between your rent and Housing Benefit.

If the rent on the new property is more expensive than your current property how do you propose to pay any shortfall in your rent?

Is this property smaller / larger / the same as your previous property?

Is there anyone else in your household who can help you pay your rent?

YES /NO

If yes, who will help you pay the rent?

Do you have capital of £1500.00 or more?

YES / NO

Please explain in detail why you require a Discretionary Housing payment.

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 | | |
| Wages (partner) | | | Mortgage | | |
| Income Support | | | Council Tax | | |
| Child Benefit | | | Life insurance | | |
| Child Tax Credit | | | House insurance | | |
| Working Tax Credit | | | Water rates | | |
| Maintenance | | | Electricity | | |
| Job Seekers Allowance | | | Gas | | |
| Employment Support Allowance | | | Telephone and Internet | | |
| Incapacity Benefit | | | Food | | |
| Statutory Sick Pay | | | Clothing | | |
| Maternity Allowance | | | Toiletries | | |
| Statutory Maternity Pay | | | Mobile Phone | | |
| State Retirement Pension | | | TV licence/satellite/cable | | |
| Pension Credit | | | Credit cards | | |
| Private Pension | | | Debt/ Loan repayments | | |
| Disability Living Allowance | | | Store card/ Catalogue / Finance repayments | | |
| Attendance Allowance | | | Petrol | | |
| Carers Allowance | | | Car insurance | | |
| Contributions from lodgers or boarders | | | Road tax | | |
| Contributions from non-dependants | | | Public Transport/ Other travelling expenses | | |
| Other income: | | | Childcare/ Maintenance | | |
| | | | School Meals / Clubs/ Activities | | |
| | | | Other | | |
| 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. 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 you are not sure please contact the Benefits Team on 0116 2727510</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 | |
| Bank statements evidencing the above (at least 8 weeks worth of transactions) | |
| 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 | |
| Bank statements evidencing the above (at least 8 weeks worth of transactions) | |
| 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 5. 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 that 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.

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:

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:

PLEASE ENSURE THAT YOU HAVE PROVIDED ALL THE EVIDENCE REQUIRED TO SUPPORT THIS CLAIM—see Section 3.

IMPORTANT: If you do not provide all the evidence required to support this claim we will not be able to consider your request.

PERMISSION TO DISCUSS WITH LANDLORD:

I hereby give you permission to discuss my claim for Housing Benefit 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.

Housing Options

Part 2 DHP Form

Date: _____

About the property you are applying to move to:

Property address:

Type of property:

Number of bedrooms:

Other (eg shared) : _____

Name of Landlord / Agent:

Contact phone number of Landlord / Agent :

Rent (per calendar month):

List of fees applying for:

Rent in advance: £ _____

Deposit: £ _____

Written Guarantee: £ _____

Other: £ _____

For Office use only:

Does the property have Gas? Yes No
Does the property have a Gas Safety Certificate? Yes No
Does the property have an Energy Performance Certificate? Yes No
Does the property need an inspection? Yes No

Date inspected By Whom

Applying for:-

Housing Benefit Grant HOT Loan
Form passed to Chris / Sophie in HB? Yes No

OUTCOME:

Housing benefit:-

Result from HB: Accepted: Refused: (if refused complete below)

Housing options:-

Approved amount: RIA Deposit £ _____ RDS Number _____

HOT Accepted / Refusal reason:

Landlord details:

Name of Bank: _____
Account number: _____
Sort Code: _____
Name on A/C: _____

Date Passed to Finance _____ Invoice raised: Yes No

Payment Process: *Deposit - 9999RRE (in/out)*
RIA – 3005FCG (out) yellow form
3005MZB (in) repayment letter & HB/DHP (in)
Written Guarantee – 3005FCG
999TEA customer repay