

## APPLICATION FOR A DISCRETIONARY PAYMENT TOWARDS REMOVAL COSTS

<b>Name:</b>			
<b>Current Address:</b>			
	<b>Postcode:</b>		
<b>Home Telephone Number:</b>			
<b>Mobile Number:</b>			
<b>Email:</b>			
<b>Are you currently in receipt of Housing Benefit with Blaby District Council or Universal Credit?</b>			
<b>YES/NO</b>	(If you do not have a Housing Benefit claim with Blaby Council or are on Universal Credit but not resident in the area of Blaby District Council you need to request help from the Local Authority whose area you live in.) If you do not currently claim Housing Benefit or Universal Credit you are not eligible for assistance		
<b>Address you are moving to:</b>			
<b>Postcode:</b>			
<b>If you are a support or advice worker completing this form on behalf of someone else please complete below:</b>			
<b>Name:</b>		<b>Organisation:</b>	
<b>Address:</b>			
<b>Postcode:</b>		<b>Telephone:</b>	
<b>Name and address of Removal Firm(s)</b>			<b>Amount(s) quoted</b>

## Section 1. DISCRETIONARY PAYMENT FOR REMOVAL COSTS

Please explain why you require help with your removal costs

## Section 2. Your accounts and investments

1) Please list below **all** of the accounts and investments held by you and your partner, **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 3. EVIDENCE

Please tick the boxes to tell us what evidence you are sending with this form. We must see original documents, not copies.

Proof of Bank Accounts	Tick (✓)
You will need to provide your latest bank statements/transactions for all accounts held, covering at least one month, <b>or your application cannot be considered</b> .	
Supporting Evidence	
Please provide invoice or quotes in respect of your removal costs.	

**Section 4. DECLARATION** – please read carefully before signing.

**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.

**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.