



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

<b>Name:</b>			
<b>Address:</b>			
	<b>Postcode:</b>		
<b>Home Telephone Number:</b>			
<b>Mobile Number:</b>			
<b>Email:</b>			
<b>Claim Number:</b>			
Are you currently in receipt of Housing Benefit with Blaby District Council or Universal Credit?			
<b>YES/NO</b>	If you are not resident in the Blaby District Council area you need to request help from your Local Authority. If you do not currently receive Housing Benefit or Universal Credit you are not eligible for assistance.		
<b>Address you wish to claim help towards a Deposit or Rent in Advance for :</b>			
<b>Postcode:</b>			
<b>Date that you are due to move into the property:</b> /        /			
(If you have already moved we cannot help with the deposit or bond)			
<b>How much are you being asked for rent in advance and/or deposit?</b>		Rent in advance:  Deposit:	
<b>LHA Rate for your Household (see letter issued with form): £</b>			
<b>Please advise how you intend to pay the remainder of the Deposit/Rent in Advance.</b>			

**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 to 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 towards Deposit/Rent in Advance**

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 need to 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 Payment			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		
<b>Total Income</b>			<b>Total Expenditure</b>		

**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><b>Please tick the boxes to tell us what evidence you are sending with this form. We must see original documents, not copies.</b> 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>	
<b>Proof of Bank Accounts</b>	<b>Tick (√)</b>
<b>You will need to provide 2 months bank statements/transactions for all accounts held or your application cannot be considered.</b>	
<b>Proof of Income</b>	<b>Tick (√)</b>
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	
<b>Proof of Expenditure</b>	<b>Tick (√)</b>
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	
<b>Proof of Debts</b>	<b>Tick (√)</b>
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	
<b>Any Other Evidence Provided (please describe i.e. medical proof)</b>	<b>Tick (√)</b>

**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 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:**

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

**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:**

**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.**