

**DISCRETIONARY HOUSING PAYMENT  
APPLICATION FORM**

Full Name	<input type="text"/>		
Date of birth	<input type="text"/>		
National insurance no.	<input type="text"/>	Claim ref. no.	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Contact number	<input type="text"/>		

**Your declaration: Please read this carefully before you sign it**

**I understand the following:**

- This is my claim for a Discretionary Housing Payment (DHP).
- If I give information that is incorrect or incomplete you may take action against me.
- Information that I provide may be checked with other government agencies.
- The information that I have provided may be used in connection with this and any other claim for social security benefits.

**I know** that I must write to the Benefits Unit immediately about any changes in my circumstances, which might affect my claim for DHP.

**I declare** the information I have given on this form is correct and complete.

Your signature  Date

**If the form is completed by someone other than the person applying**

Name of the person who filled in the form	<input type="text"/>
Signature of that person	<input type="text"/>
Relationship to the person applying	<input type="text"/>

Please tell us why you are filling in this form for someone else.

## Section 1 – Income and Expenditure

Please give details of all your income and outgoings in order to assess the impact of the shortfall in the rent on your property. **You must provide supporting documentary evidence wherever possible.**

<b>INCOME</b>	How much	How often	<b>OUTGOINGS</b>	How much	How often	Balance outstanding
Net wage (self)			Rent			
Net wage (partner)			Gas			
Self employed drawings			Electricity			
Income Support			Water			
Job Seekers Allowance (income based)			Other fuel, e.g. coal			
Job Seekers Allowance (contribution based)			Council Tax			
Working Tax Credit			Telephone/Mobile			
Child Tax Credit			TV Licence/rental			
Child Benefit			Loans/hire purchase			
Retirement pension			Fines/court orders			
Superannuation			Catalogue			
Widows pension			Food/toiletries			
Incapacity Benefit			Clothes			
Disability Living Allowance			Travel			
Attendance Allowance			Insurance			
Invalid Care Allowance			Pension contributions			
Severe Disablement Allowance			Maintenance paid			
Maternity Allowance			Deductions from benefit/social fund			
Maintenance			Money from children living at home			
War Disablement Pension			Other (please specify)			
Government training scheme						
Contribution from other residents						

Please also provide details of any cash, savings, investments or assets available to you.

**Section 2 – Your housing costs**

If you rent your property please answer the following:

- 1. How much rent do you pay each week?
- 2. How much rent have you paid in total since moving in?
- 3. Have you attempted to re-negotiate your rent with your landlord? YES  NO

If YES please provide written confirmation from your Landlord in which s/he should indicate her/his response. If NO please state why you have not done so.

- 4. Did you obtain a PTD before accepting the tenancy? YES  NO   
(PTD = pre-tenancy determination)  
If YES why did you accept the tenancy knowing that there would be a shortfall?  
If NO why did you not do so?

- 5. Have you been asked to leave the property? YES  NO   
If YES when will you have to leave?
- 6. Have you been served with an eviction notice? YES  NO   
If YES please provide a copy.

**Section 3 – About your accommodation**

- 1. Why did you choose this property?

- 2. Did you consider any other accommodation? YES  NO   
If YES please give details and the reason why it was unsuitable.  
If NO why did you not do so?

3. Please state your previous address

Did you pay rent at this address? YES  NO  If YES how much?

What were your reasons for moving?

#### Section 4 – Additional Information

Please use the space below to list all your reasons for remaining at this address and the effects that the shortfall in the rent or council tax will have on your household.

- If you need more space use another sheet of paper.
- Please put your name and National insurance number on any extra sheets of paper.
- Make sure you have filled in all parts of this form and signed it.
- This form should be returned to:

The Benefits Service  
PO Box 660  
Halifax  
HX1 1ZT  
Tel: 0845-245-8000  
benefits.unit@calderdale.gov.uk

Office use only – date stamp

**If you would like this information in another format or language, please contact 0845-245-8000.**