

Discretionary Housing Payment Application Form

A Discretionary Housing Payment (DHP) provides additional help with your rent. It does not help with Council Tax and certain parts of your rent may be excluded, e.g. heating and water charges.

We cannot pay above the level of your rent and you must be getting Housing Benefit or receiving Universal Credit which includes an amount for housing costs in order to be able to receive a DHP.

The funds available to us are very limited so to help us decide whether you should get more help please answer the questions on the form. Please provide as much information as you can. In addition attach any supporting evidence which you think may help your claim.

Payments are only made for a limited period of time. After the period ends you can apply again. You will need to show that you have made every effort to meet the shortfall in rent.

Where can I get more advice?

If you need more help, please contact us.

TORFAEN RESIDENTS should contact TELEPHONE: 01495 766430 or 01495 766570 E-MAIL: benefits@torfaen.gov.uk Minicom for those who are deaf or hard of hearing. The number is 01495 767871		MONMOUTHSHIRE RESIDENTS should contact TELEPHONE: 01633 644644 E-MAIL: benefits@monmouthshire.gov.uk	
OUR ADDRESS- Shared Benefit Service Level 3, Civic Centre Pontypool Torfaen NP4 6YB IN PERSON at any of our One Stop Shops, Community Hubs in Monmouthshire or Customer Centres in Torfaen.			
ABERGAVENNY Abergavenny Market -Cross St, Abergavenny NP7 5HD		CHEPSTOW Chepstow Library- Manor Way, Chepstow, NP16 5HZ	
MONMOUTH Monmouth Library, Rolls Hall, Monmouth, NP25 3BY		Usk Usk Library - 35 Maryport St, NP15 1AE	
PONTYPOOL Level One Civic Centre, Pontypool NP4 6YB		CWMBRAN Cwmbran Library, Gwent House, Gwent Square, Cwmbran, NP44 1XQ	
		BLAENAVON Blaenavon World Heritage Centre Church Road Blaenavon NP4 9AS	

Housing Options Service

The Council's Housing service is able to provide information and assistance on a wide range of housing, or housing-related problems e.g. If you find yourself threatened with homelessness.

TORFAEN RESIDENTS should contact Housing Options Torfaen TELEPHONE: 01495 742302 E-MAIL: housingoptions@torfaen.gov.uk		MONMOUTHSHIRE RESIDENTS should contact Housing Options Monmouthshire TELEPHONE: 01291 635714 E-MAIL: housingoptions@monmouthshire.gov.uk	
Please return this form to Shared Benefits Service Level 3, Civic Centre Pontypool, Torfaen NP4 6YB		Alternatively it can be <ul style="list-style-type: none"> handed into one of our Customer Centres in Torfaen or Community Hubs in Monmouthshire E-mailed to benefits@torfaen.gov.uk or benefits@monmouthshire.gov.uk 	

WELSH TRANSLATION -If you require a copy of this document in Welsh please contact us on the telephone numbers above.



Discretionary Housing Payment Application Form



Please complete all sections of this form and attach any supporting evidence which you think may help your claim. If you are reapplying for a Discretionary Housing Payment you will need to show that you have made every effort to meet the shortfall in rent.

Name		Claim reference (if known)	
Address		Daytime contact number (in case we need to call you for more information)	
Post code		Email address	

SECTION 1. Why do you need help?

Please briefly explain why you are claiming Discretionary Housing Payments e.g. help with removal costs/deposit or your Housing Benefit /Universal Credit has reduced following the removal of the spare room subsidy (bedroom tax) or the introduction of the benefit cap.

From what date you need help to pay your rent?

How long do you need help? Please tick **One-off payment** **4 weeks** **8 weeks** **12 weeks** **26 weeks**

If longer than 26 weeks please tell us how long and why this would help

SECTION 2. About your rent? Please tick

Who do you pay your rent to?

Private landlord **Housing Association** **Other** please specify.....

Could you afford the rent when you first moved in? YES NO

How much is your weekly rent? £

How much Housing Benefit or Universal Credit do you receive? £

Are you paying any rent yourself? YES NO if YES how much? £

What is the weekly shortfall in your rent? £

How much of the shortfall do you think you can afford to pay? £

Do you have any rent arrears? YES NO IF YES please state amount £

What period do they cover? From To

What action has your landlord taken to recover the rent arrears? Please send us proof of any action taken?

Court Action **Notice seeking possession** **Notice to quit** **A letter**

Other action please specify..... **No action**

If your landlord is taking action against you would you like us to refer you to the Council's Housing Options? (they may be able to help you) YES NO

SECTION 3-About you and your family please tick ✓

Please tell us the names and dates of birth of all the people who live with you

Name	Date of Birth	Relationship to you

Are you a foster carer? If YES, please give details e.g. are you waiting for a placement, going through the assessment process etc. Please provide a letter your social worker confirming the arrangement. YES NO

Do you or a member of your family have any disabilities or health problems? If YES, please give details and supply supporting evidence e.g. a letter from your doctor. YES NO

Does anyone in your family need overnight care? If YES please give details of the care arrangements and provide supporting medical evidence. YES NO

Please tell us how the accommodation is suitable for you and your family e.g. has it been adapted if you have a disability or is the accommodation near to a service you require such as a hospital or childcare provider etc.

Please tell us about any recent or planned changes affecting you or a member of your family that we should take into account e.g. moving, starting/ stopping work, a change in your household, bereavement, relationship breakdown. **Please give details**

SECTION 4 –Your weekly income and expenditure please tick ✓

WEEKLY INCOME		EXPENDITURE			
EARNINGS		Electricity	£	Gas	£
SELF(net)	£	Housekeeping/ food	£	Water rates	£
PARTNER (net)	£	Rent	£	TV License	£
BENEFITS		Childcare	£	Cable/Sky	£
Job seekers allowance	£	Telephone	£	Fines	£
Employment and Support Allowance	£	Mobile contract	£	Clothes/ footwear	£
Tax Credits		Travel expenses	£	Loans 1. 2.	£
Child Benefit		Petrol	£		
Universal Credit		Medical expenses e.g. cost of care			
Attendance / Disability Living allowance/ Personal Independence Payments	£	INSURANCES		CREDIT CARD /CATALOGUES debts	
State Pension	£	Building	£	1.	£
Pension Credit	£	Contents	£	2.	£
Private Pension	£	Car Insurance	£	3.	£
OTHER INCOME		OTHER EXPENSES please specify			
1.	£	1.			£
2.	£	2.			£
3.	£	3.			£
4.	£	4.			£
FOR OFFICE USE	£	FOR OFFICE USE			£

If any of your expenses are unusually high please tell us why? E.g. the cost of care if you are disabled.

Have you made enquiries to reduce the payments you are making with regard to your debts? If YES please give details

YES NO

Please state the total amount of money currently held in cash, in bank, building society accounts or investments?

£

Do you receive any money from anyone in your household for board and Lodge? If YES please state weekly amount received

£

YES NO

Section 5-Action taken to meet the shortfall in your rent please tick ✓

Have you asked your landlord if it is possible to move to smaller accommodation? If YES please give details

YES NO

Have you tried to find alternative accommodation? If YES please give details	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there anyone else in your family or household who can help you meet the cost of your rent? If YES please give details	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you asked your landlord to reduce the rent? If YES please give details	YES <input type="checkbox"/> NO <input type="checkbox"/>
What steps have you taken to find employment or increase the number of hours you work? Please give details	
Please tell us about any other action you have taken to help you meet the shortfall in your rent? e.g. have you sought money advice	
Would you like us to refer you for further advice? The Council can assist with family support, budgeting advice and may help you find employment or increase the number of hours you work.	YES <input type="checkbox"/> NO <input type="checkbox"/>

If you are in receipt of Universal Credit or are applying for a one off payment e.g. for removal costs ,help with a deposit or rent in advance please provide your bank details																		
Name of account holder		Sort code			-			-		Account number								

Section 6. Other Information
Please use this space to give us any other information you wish to provide. Please use a separate sheet if necessary

Declaration

Please read this declaration carefully before you sign and date it. I understand the following:
 If I give information that is incorrect or incomplete, you may take action against me.
 I know I must let the Council know about any changes in my circumstances which might affect my claim. I declare the information I have given on this form is correct and complete.
 I consent to the information on this form being shared with the Housing Options Team, the Family Support Team*, the Communities First Team*/ Financial Inclusion Team and/or the Skills and Employability Team*.

*These services apply to Torfaen residents only

Claimant's signature		Date	
Partner's signature		Date	
Name of person completing the form on behalf of the claimant			
Reason for completing the form			
Relationship to person claiming		Date	