



DISCRETIONARY HOUSING PAYMENT CLAIM FORM
Assistance with moving

Name of tenant:

Date of birth:

Housing Benefit Claim reference Number:

Current Address:

Post Code:

Landline no: Mobile no:

How many bedrooms does this property have?

Please tick to show if this is a: Social Tenancy Private Tenancy

Address you wish to move to:

Post Code:

How many bedrooms does this property have?

Please tick to show if this is a: Social Tenancy Private Tenancy

Landlord's Name/Address:

Landlord's Phone Number:

How long is the length of tenancy?

How much is the rent?

Household details (Names, Ages and relationship to you):

Name	Date of birth	Relationship to you
Is anyone in your household pregnant?		Yes/No
If yes, please say who is pregnant and when the baby is due	Name	Due date
Are you a foster carer? Yes/No		
Who is your contact in the family Placement Team?		
Is a member of your household away serving with the Armed Forces? Yes / No		
Anticipated date of return: ___ / ___ / ___		
Are you applying for (tick all that apply)		
Rent-in-Advance Rent Deposit Removal Expenses		
How much DHP do you need for:		
Rent-in-Advance	£	
Rent Deposit	£	
Removal Expenses	£	
Why are you moving?		

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Are you due to have a rent deposit or rent-in-advance for your existing property returned to you? If yes, how much is this?	Yes/No £
Have you previously received assistance from the Council with a rent deposit or rent-in-advance? If so, when and how much?	Yes/No Date: £
Do you have any friends or relatives who could help you with the cost of moving?	Yes/No
Do you, or any member of your family have any disabilities or health problems which will prevent you from moving or finding cheaper alternative accommodation?	Yes/No
If yes, please say which person and give details	

Have you applied for a discretionary housing payment before? Yes/No	
If yes, when did you apply?	
Was the claim awarded	Yes/No
If yes, please say how much you received per week	£
Is anyone else helping you with regard to this claim or any other housing issues? (for example, a housing officer, social worker, CAB, housing support officer, etc)	
Yes/No	
If the answer is yes, please give details	
Name	
Contact number	

Do you have any savings or property (including holiday homes and timeshares abroad)	Yes/No
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Please complete this section if you are aged 35 or under:

Are you, or have you been subject to MAPPA*?	Yes / No If yes, please provide details of dates:
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Budget Sheet – please enter figures weekly (if monthly, multiply figure by 12 and divide by 52)

SECTION A - INCOME	Weekly		Leisure	Weekly
Usual take home pay			Going out	
Partners usual take home pay			Takeaways	
Housing Benefit			Alcohol/cigarettes	
Working Tax Credit/Child Tax Credit			Holidays	
Child Benefit			Christmas and birthday	
Job Seekers Allowance/Income Support			Financial products	Weekly
Pension Credit			Loan/card/hire purchase repayments	
State retirement pension			Contents insurance	
Works/private pension			Life insurance	
Sickness/Disability benefit			Mobile phone insurance	
Maintenance			Other	
Money from non-dependants			Children	Weekly
Other income			Childcare	
Other income			Child maintenance	
Other income			School meals	
TOTAL WEEKLY INCOME			Other	
			Travel	Weekly
SECTION B - EXPENDITURE			Getting to work	
Household	Weekly		Car (tax, insurance, MOT, service, fuel)	
Rent			Other	
Council Tax			Other spending	Weekly
Mortgage/Loan repayment			Clothes and shoes	
Ground rent/service charge			Laundry	
Water charges			Prescription/dental/glasses	
Gas			Pets	
Electricity			Court fines (including arrears)	
Telephone (land line)			Rent arrears	
Mobile telephone			Utility company arrears	
Housekeeping (food & shopping)			Other	
TV Licence			TOTAL WEEKLY EXPENDITURE	
TV package			Total weekly income (from Section A)	
Internet/broadband			Total weekly expenditure (from Section B)	
Other			Income minus Expenditure (A-B)	

Please note that if you deliberately give us false information, you may be prosecuted.

DECLARATION

I/we declare that the information I/we have given on this form is correct and complete to the best of my/our knowledge.

I/we will tell you immediately if there are any changes in my/our circumstances which could affect my benefit such as changes in income or the number of people in my/our household.

I/we authorise the Council to make any necessary enquiries to verify the information on this form.

I authorise the West Berkshire Council housing benefit department to disclose information regarding my housing and council tax benefit claim to officers from the housing operations team, in order to assist them in assessing this application.

I/we authorise the Council to cross check the information I/we have given with other departments within the Council, The Valuation Service, other Councils, Department of Work and Pensions, HMRC and any other public bodies involved with the protection of public funds.

I/we understand that I/we have a duty to give the Council such information as it may require to enable it to make a decision.

I/we understand that if I/we give information that is incorrect or incomplete or fail to report any changes that might affect my/our discretionary housing payment, I/we may be prosecuted.

Claimant's signature _____ **Date** _____

Partner's signature _____ **Date** _____

Please return this form completed to:

Housing Operations, West Street House, West Street, Newbury, Berkshire, RG14 1BZ

Please note that we may keep the information you give us on this form on a computer under the data protection Act 1998

If you require further advice regarding Discretionary Housing Payments you can contact the West Berkshire Housing Section on 01635 519530 or get independent advice from the organisations such as Citizens Advice Bureau.