



**DISCRETIONARY HOUSING PAYMENT CLAIM FORM**  
**Shortfall in rental liability**

Name of tenant: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Housing Benefit Claim reference Number: .....

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 .....

**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	<b>Name</b>	<b>Due date</b>

**I, or a member of my family, will suffer exceptional hardship if I do not receive extra benefit because:** (please explain clearly why you are not able to meet your rent payments, what you think will happen if you do not receive this money and how long you think this situation is likely to go on for).

<b>Do you believe that your tenancy will be at risk if this application is refused? Yes/No</b>

<b>Have you applied for a discretionary housing payment before? Yes/No</b>
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If yes, when did you apply?	
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Was the claim awarded	Yes/No
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If yes, please say how much you received per week	£
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<b>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)</b>
Yes/No

<b>If the answer is yes, please give details</b>	
Name	Contact number

<b>Are you a foster carer? Yes/No</b>
Who is your contact in the Family Placement Team?

<b>Is a member of your household away serving with the Armed Forces? Yes / No</b>
Anticipated date of return: ___ / ___ / ___

<b>Additional information</b>	
When did you move to this address?	
If you moved in the last 12 months, please give your previous address	
Do you have any friends or relatives who could help you?	Yes/No
Could they provide you with accommodation, even if only temporarily?	Yes/No
Could they, or anyone else who lives with you, help you with the rent?	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 been recently been bereaved? If yes, who and when?	
Do you have any rent arrears?	Yes/No
If yes, please say how much	£
Please explain what action your landlord has taken against you because of your rent arrears? E.g. have you been served a notice?	
Do you have any savings or property (including holiday homes and timeshares abroad)	Yes/No

**Please complete this section if you live in private rented accommodation:**

Did you check the Local Housing Allowance (LHA) rate applicable to you and your property before you took on the tenancy?	Yes/No
If no, why not?	
Were you able to afford the rent when you moved in?	Yes/No
<b>If you were able to afford the rent when you moved in but can not afford it now, please explain why</b>	
Have you asked your landlord to reduce the rent?	Yes/No
If yes, what was the outcome? If no, why not?	
If we were able to pay your landlord the Housing Benefit direct would this encourage them to reduce your rent to a level you could afford?	Yes/No
What steps have you taken to find cheaper accommodation?	
Is there any reason why you could not move if you found cheaper accommodation? If so, please explain.	
How much notice would you have to give?	
When does your current tenancy end?	
Has your rent become unaffordable because the Local Housing Allowance (LHA) rate has gone down?	Yes/No



**Budget Sheet – please enter figures weekly (if monthly, multiply figure by 12 and divide by 52)**

<b>SECTION A - INCOME</b>	<b>Weekly</b>		<b>Leisure</b>	<b>Weekly</b>
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			<b>Financial products</b>	<b>Weekly</b>
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			<b>Children</b>	<b>Weekly</b>
Other income			Childcare	
Other income			Child maintenance	
Other income			School meals	
<b>TOTAL WEEKLY INCOME</b>			Other	
			<b>Travel</b>	<b>Weekly</b>
<b>SECTION B - EXPENDITURE</b>			Getting to work	
<b>Household</b>	<b>Weekly</b>		Car (tax, insurance, MOT, service, fuel)	
Rent			Other	
Council Tax			<b>Other spending</b>	<b>Weekly</b>
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			<b>TOTAL WEEKLY EXPENDITURE</b>	
TV package			Total weekly income (from Section A)	
Internet/broadband			Total weekly expenditure (from Section B)	
Other			Income minus Expenditure (A-B)	

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**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.