

Revenues & Benefits Service  
Community Contact Centre  
Town Hall, Queens Square  
Hastings  
TN34 1TL  
Tel: 01424 451080 Fax: 01424 451541  
[benefits@hastings.gov.uk](mailto:benefits@hastings.gov.uk)  
[www.hastings.gov.uk](http://www.hastings.gov.uk)



Name	<input type="text"/>	FOR OFFICE USE ONLY Ref <input type="text"/> Date Issued <input type="text"/> / <input type="text"/> / <input type="text"/> Issuing Officer <input type="text"/>
Address (including Post Code)	<input type="text"/>	
Home Telephone Number	<input type="text"/>	
Mobile Telephone Number	<input type="text"/>	
Email Address	<input type="text"/>	
We will use this email address to correspond with you		

### Discretionary Housing Payment Application Form – Universal Credit

Please confirm the date that you would like your Discretionary Housing Payment to be considered from:

#### Discretionary Housing Payments

A Discretionary Housing Payment (DHP) may be awarded, in addition to any welfare benefits, when the council considers that a claimant requires further financial assistance towards housing costs. You should complete and return this form without delay if you wish to apply for extra help towards your housing costs.

#### Important

You must not rely on the discretionary fund to either secure your tenancy or to reduce your financial liabilities. Even if your application is successful, the award will only be granted for a short period of time and it will be subject to regular review. You may also be required to contribute towards the shortfall as the award may only meet part of the difference. You should therefore continue to pay as much as you can until you have been advised of the result of your application.

Not all applications will be successful due to the limited funds available for this purpose. Therefore you should also consider alternative solutions to your housing problem, for example; seeking cheaper alternative accommodation or negotiating the level of rent payable with your landlord.

You are required to prove that you would suffer 'hardship' if extra help was not awarded. However, simply not being able to afford the shortfall does not in itself constitute 'hardship' as many other factors are taken into consideration.

Please ensure that the application form and accompanying financial statement are completed in full.

- You must ensure that you supply details of your Universal Credit award letter once available.

#### Proof we need

This application must be submitted together with proof of your income, expenses and the last two months bank statements for each of your and your partner's (if applicable) bank accounts - ensure you include everything. It will not be possible to make a fair assessment of your situation if you have not provided the correct information, and this will delay your application.

**Part 1 You and your partner** (A partner is a husband, wife, civil partner or someone you are living with as if they are your husband, wife or civil partner).

Do you have a partner (please tick)? Yes  No

Please tell us the names and details for yourself and any partner:

	You	Your Partner
First Names:		
Last Name:		
Date of Birth:		
National Insurance No:		

**Unless you have already supplied evidence of your identity and National Insurance number to this office please provide the following:**

- Please provide two proofs of identification for you. For example; up-to-date valid passport, national identity card, UK residence permit, birth certificate, marriage certificate, National Insurance number card, recent bank statements, benefit payment book, life assurance or insurance policies, full driving licence, recent wage slips, recent gas or electricity bills, etc.

**Part 2 Other people who live in your home**

Do you have other people living in your home (please tick)? Yes  No

Please tell us the names and details of all the other people who live in your home, including children.

Name	Date of Birth	Relationship to you	Gross Income	Type of Income

**Part 3 – Rent**

Please provide the details requested below regarding your current rental liability.

How much is the total current rent?

£

How often do you pay it? Weekly  Four weekly  Calendar monthly  Other (please say)

Does anyone else share the rent with you and your partner? Yes  No

If 'Yes', please give details:

Are meals included in your rent? Yes  No

If 'Yes', which meals do you get? Breakfast  Lunch  Evening Meal  Other

Is anything else included in your rent? Yes  No

If 'Yes', please give details:

(for example Heating, Garage)

**Please ensure that you provide evidence of your rental liability (must be dated within the last 12 months) Examples are detailed below:**

1. Tenancy Agreement
2. Your rent book or rent receipts
3. A letter from your Landlord or Landlady
4. A bank statement, quoting the payee's name, showing regular rent payments
5. A completed 'Proof of Rent' form (Can be provided to you on request)

Please tick a box to indicate what you require help with and then only complete that relevant part of this form.

Shortfall in rent  **Part 4**  
Rent Deposit  **Part 5**  
Other Housing Costs  **Part 6**

#### Part 4 – Shortfall in Rent

a) Are you a Foster Carer? Yes  No

b) If you are under 35 years old and a single person with no children, have you ever been risk assessed under section 325(2) of the Criminal Justice Act 2003? Yes  No

c) If you are under 35 years old and a single person with no children in privately rented accommodation, have you lived in homeless hostels for more than 3 months in total? Yes  No

If Yes, please give the address of the hostel(s) and the date(s) you lived there.

d) Have you moved in the last 12 months? Yes  No

If Yes, please explain why you moved to this property:

e) Are you in arrears with your rent? Yes  No

If you are in arrears with your rent, how much do you owe?

£

If No, please explain how you have managed to pay the difference between the Housing Benefit you receive and the rent you are charged:

f) Have you been served a 'Notice to Quit' by your landlord? Yes  No

If Yes, please provide a copy of Notice to Quit with this application form.

g) How much notice are you required to give to end your tenancy?

h) When is your tenancy agreement due to end?

i) Have you or anyone else acting on your behalf tried to negotiate a lower rent with your landlord?

Yes  No

If Yes, please detail the outcome. If No, please explain why not:

j) Have you tried to find more affordable accommodation?

Yes  No

If Yes, please detail the outcome. If No, please explain why not:

k) Are you a Housing Association tenant?

Yes  No

If No, prior to accepting the tenancy agreement at your address, were you aware of the Local Housing Allowance (LHA) rate that applied to your household?

Yes  No

If you were aware, please say why you decided to move to this property. If No, please explain why not:

l) Have you been told that you have more bedrooms than you require?

Yes  No

If Yes, have you tried to find a smaller property?

Yes  No

If Yes, please detail the outcome. If No, please explain why not in the box on the next page:

m) Does anyone in your home, have any health problems?      Yes       No

If Yes, please give details:

n) Has your property been adapted due to a disability that either you or any other member of your household has?      Yes       No

If Yes, please give details:

o) Is there any reason why your property is particularly suited to your needs, or the needs of other members of your household?      Yes       No

If Yes, please give details:

p) Have you had an appointment with and/or sought advice and assistance from Hastings Borough Council's Housing Resources Team?      Yes       No

If Yes, please detail the outcome:

If applicable, which Housing Resources officer did you see?

q) Are you registered with Homemove? Yes  No

r) Are you registered with Homeswopper? Yes  No

If you answered Yes to either of the above questions please provide documentary proof of registration.

s) Are you currently dealing with any of the agencies listed below?

If Yes, please give contact details:

Vulnerable Adults Team Yes  No

Mental Health Team Yes  No

Social Services Yes  No

Homeworks Yes  No

Re-Connect Yes  No

Steps Yes  No

### Part 5 – Rent Deposit

a) What is the address of the property you require a deposit for?

b) What is the landlord's name?

c) What is the landlord's address?

d) How much is the deposit?

£

You must provide proof.

e) Tell us why you are moving from your current address (continue on a separate sheet if required):

### **Part 6 – Other Housing Costs**

This may include removal costs, storage costs, rent in advance payments.

a) Please detail below how much help you require, what the costs are for and provide supporting proof (continue on a separate sheet if required):

### **Part 7 – Further Information**

a) Please provide any additional information that you think may be relevant to your application (continue on a separate sheet if required):

**Part 8 – Payment Details**

**Please supply your Bank/Building Society account details for direct payment of your Discretionary Housing Payment.**

**Please Note - If you wish payment to be made to a nominated third party please detail the name of the party and the reason for the request for payment to be made to this party below**

Name of nominee	<input type="text"/>
Reason for requesting payment to a nominee's account	<input type="text"/>
Name of bank or building society	<input type="text"/>
Address of bank or building society	<input type="text"/>
Whose name is on the account?	<input type="text"/>
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Building Society roll number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**DECLARATION – Must be signed and dated**

I declare that the information I have given is correct and complete. I understand that I may be prosecuted if I have given false information. I agree that the Council can make such enquiries as it considers reasonable to check the validity of the information I have given, and that this information may be used for the purpose of collection of Council Tax if required.

I understand that I must write and tell the Benefits Service at once if there is a change in my circumstances, family circumstances or the financial circumstances of anyone living with me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Partner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Email address: \_\_\_\_\_

**Extra Endorsement – Must be signed if someone else is filling in the form**

I have filled in the form for : \_\_\_\_\_

I have read each question to this person and written down their answers.

Signature: \_\_\_\_\_ Name in Capitals: \_\_\_\_\_



## Part 9 – Income and Expenditure

You must specify the frequency of each payment recorded on this form. E.g. weekly, fortnightly, four weekly, monthly, etc.

Income	Claimant		Partner	
	Amount	Frequency	Amount	Frequency
Earnings from Employment(s)	£		£	
Self Employment(s)	£		£	
Job Seekers Allowance	£		£	
Employment Support Allowance	£		£	
Income Support	£		£	
Working Tax Credits	£		£	
Child Tax Credits	£		£	
Pension Credits	£		£	
State Retirement Pension(s)	£		£	
Private Pensions(s)	£		£	
Child Benefits	£		£	
Maintenance	£		£	
Non-Dependant Contributions	£		£	
Disability Living Allowance - Care	£		£	
Disability Living Allowance - Mobility	£		£	
Personal Independence Payment - Daily Living	£		£	
Personal Independence Payment - Mobility	£		£	

**Do you have a Mobility Car?**

Yes

No

Yes

No

Carers Allowance	£		£	
Attendance Allowance	£		£	
Maternity Allowance	£		£	
Guardians Allowance	£		£	
Fostering Allowance	£		£	
Other (specify)	£		£	
Other (specify)	£		£	
Other (specify)	£		£	
***FOR OFFICE USE ONLY***	£	Total Per Week	£	Total Per Week

Expenses	Amount	Frequency	Income	Amount
Rent	£		£	
Mortgage	£		£	

Council Tax	£		£	
Electric	£		£	
Gas	£		£	
Water	£		£	
Home Insurance	£		£	
TV Rental	£		£	
TV Licence	£		£	
Sky/Cable	£		£	
Mobile Phone	£		£	
	<b>Claimant</b>		<b>Partner</b>	
<b>Expenses (Continued)</b>	<b>Amount</b>		<b>Frequency</b>	
Telephone	£		£	
Internet	£		£	
Shopping (Food, cleaning products, etc)	£		£	
School Meals	£		£	
Clothing	£		£	
Travel (Public Transport)	£		£	
Travel (Petrol)	£		£	
Car Tax	£		£	
Car Insurance	£		£	
Car Maintenance	£		£	
Pet Insurance	£		£	
Life Insurance	£		£	
Medical Insurance	£		£	
Medical/Prescriptions	£		£	
Other (specify)	£		£	
Other (specify)	£		£	
Other (specify)	£		£	
***FOR OFFICE USE ONLY***	£	Total Per Week	£	Total Per Week

<b>Outstanding Debts (Claimant and Partner)</b>	<b>Balance</b>	<b>Repayments</b>	<b>Frequency</b>
Rent Arrears	£	£	
Mortgage Arrears	£	£	
Council Tax Arrears	£	£	
Electric/Gas/Water Arrears	£	£	
Maintenance Arrears	£	£	
Court Fines	£	£	

Bank Loans	£	£	
Car Loans	£	£	
Catalogue	£	£	
Hire Purchase	£	£	
Store Cards	£	£	
Credit Card 1	£	£	
Credit Card 2	£	£	
Credit Card 3	£	£	
Other (specify)	£	£	
Other (specify)	£	£	
Other (specify)	£	£	
***FOR OFFICE USE ONLY***	£	£	

<b>***FOR OFFICE USE ONLY***</b>	
<b>Total Income Per Week</b>	
<b>Total Outgoings Per Week</b>	
<b>Excess Income Per Week</b>	

**APPENDIX - ABSENT PARENTS WITH ACCESS RIGHTS TO CHILDREN**

If you are an absent parent and you are applying for extra help as your children visit you regularly, please complete and sign this form in order to provide me with the relevant details.

**Firstly**, please provide the following details for each child that stays with you on a regular basis.

Name of child	Sex	Date of Birth	How often does the child stay with you ?	How long does each visit normally last ?
1.				
2.				
3.				
4.				

Are the visits in accordance with a Court Order?

If Yes, please enclose a copy of the Order.

If the visits are arranged by yourself and the child's mother/father, please also enclose their written confirmation regarding the frequency and duration of the visits.

Name and address of child(ren's) other parent:

Name: .....

Address: .....

.....

.....

Postcode: .....

Telephone Number: .....

Email address: .....

Your signature: .....

Date: .....