Wokingham Borough Council Benefit Service, P.O.Box 152, Shute End, Wokingham, Berks, RG40 1WJ

Main Switchboard Tel: (0118) 974 6000

Website: www.wokingham.gov.uk
Email: Benefits@wokingham.gov.uk

Date of Issue:



Application for Discretionary Housing Payment (DHP)

Claim reference

number:

| | rith their housing costs (on a short term basis). We rent, for instance if meals, heating, lighting, hot | | | | |
|--|--|--|--|--|--|
| DHP payments cannot cover/repay re | ent arrears. | | | | |
| You must be getting at least some Housing Benefit, or the Housing Element of Universal Credit and show you are having difficulties with your finances to be able to receive DHP. | | | | | |
| The DHP fund is cash limited and not | all applications will be successful. | | | | |
| To help us decide whether you should get help, please answer all of the questions on this form. If you do not, it may delay us making a decision. | | | | | |
| Part 1 – About You | | | | | |
| Your full name: | Date of birth: | | | | |
| Address: | | | | | |
| Post code: | | | | | |
| | | | | | |

| Phone number: | Email: | | | | |
|---|--|--|--|--|--|
| National Insurance number: | | | | | |
| Your partner's full name: | Date of birth: | | | | |
| | | | | | |
| Phone number: | Email: | | | | |
| National Insurance number: | | | | | |
| | | | | | |
| Part 2 - About your household | | | | | |
| Who lives in the property with you? Ployou. | ease provide their name, age and relationship to | | | | |
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| | If so, please supply their name, address and | | | | |
| organisation they work for. | | | | | |
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| Are you happy for us to | | |
|-------------------------|-----|----|
| contact them to discuss | Yes | No |
| your application? | | |

| What do you need help with? (tick which apply) | | | | | | |
|--|---|--|--|--|--|--|
| \square Rent for Housing Benefit shortfall \square Rent for Universal Credit shortfall | | | | | | |
| \square Your rent has been restricted by the Rent Officer | \square Your benefit has been capped | | | | | |
| \square Your rent is restricted by Local Housing Allowand | ce \square The non-dependent deduction. | | | | | |
| ☐ Under Occupancy – too many bedrooms | | | | | | |
| How long do you expect you will need this help fo | r? (tick which apply) | | | | | |
| \square Until I move \square Until I find work \square Wher | n my health improves | | | | | |
| \square Other (please give details below) | | | | | | |
| | | | | | | |

| If your application is successful, how ended? | do you intend to pay your rent once the DHP has |
|---|---|
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| | |
| What disabilities, health problems or family have? | special needs do you or any member of your |
| | |
| | |
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| | |
| Who do you rent from? | |
| ☐ Housing Association ☐ Wol | kingham Borough Council Private landlord |
| Part 3 – About Your Housing | |
| How much is your rent, and when is it due? | |
| Name & address of landlord | |
| How much deposit did you pay? | |
| Do you have rent arrears? If so, how much do you owe? | |
| Have you asked the landlord if they will reduce the rent? If yes, please give details of the reply. | |

| Has your landlord taken any legal actions against you to recover arrears? If yes, please give details e.g. given notice | | |
|--|-----|------|
| Have you looked for cheaper alternative accommodation? If so, how long have you been looking? | | |
| How long do you think it will take to find alternative accommodation? | | |
| Have any adaptations been made to your current home for a disability? Please give details. | | |
| Do you give your consent for us to contact your Landlord if necessary? (we will not disclose personal, financial or household details) | Yes | No 🗆 |
| Are you registered on the Council's Housing waiting list? | Yes | No 🗆 |
| Are you registered with HomeSwapper? | Yes | No 🗆 |
| Have you been in contact with the Council's Housing Needs Department? | Yes | No 🗆 |
| If yes, who has been assisting you? Have you considered/tried moving to a cheaper or smaller accommodation. Please give details or reasons for not moving. | Yes | No 🗆 |
| How much notice must you give to your Landlord if you want to move? | | |
| Could you take in a Lodger/Boarder? | Yes | No 🗆 |
| Could you live with friends/relatives? | Yes | No 🗆 |
| | | |

| Has there been a death in the | Yes □ | No ∐ |
|--|----------------------------------|-----------------|
| household in the last 12 months? | | _ |
| If yes , please give details: | | |
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| Why do you need extra help towards | s vour rent? Please give as much | information as |
| possible and attach a separate sheet | - | |
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| If you alwayd, washing a so arroad of F | | ua annivina |
| If you already received an award of I because you still need help with hou | | |
| taken during the period of your prev | _ | = |
| (Attach a separate sheet if you need r | | " |
| (Attach a separate sheet if you need in | nore space). | |
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| What long term action are you taking | g to help your problem in meetii | ng your housing |
| costs? | | |
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Current Balance. If

overdrawn input

Part 4 – Capital, Savings, Investments, Shares & Premium Bonds

Account Holder Name(s)

Bank Name

Please list all bank accounts (including Post Office accounts) and other savings and/or invested money that you and your partner (if you have one) have. Please list all single name and joint accounts/savings/investments, even if the accounts are overdrawn or not used very often.

Please provide the latest 2 statements for each account. Your claim will not be processed without them.

State the name of the bank(s) etc and the type of account(s) and the account number(s).

Last 4 digits

of account

| | | number | • | £0.0 | 00 |
|----------------|-------------------------------------|--|--|---|--|
| | | | | £ | |
| | | | | £ | |
| | | | | £ | |
| | | | | £ | |
| | | | | | |
| Number o | of Shares I | Held | Currer | nt Va | luation £ |
| | | | | | |
| | | | | | |
| | | | | | |
| Bonds? | Yes | | No | | |
| | | | | | |
| tment value | £ | | | | |
| | | | | | |
| ome and outgo | oings | | | | |
| | | Weekly | y | | Monthly |
| | | | | | |
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| ice MUST be pr | rovided) | | | | |
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| Allowance | | | | | |
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| | Bonds? Stment value ome and outgo | Bonds? Yes stment value £ ome and outgoings ace MUST be provided) | Number of Shares Held Bonds? Yes stment value ome and outgoings Weekly oce MUST be provided) | Bonds? Yes No stment value £ ome and outgoings Weekly | Bonds? Yes No Current Value f ome and outgoings Weekly |

| Household income | Weekly | Monthly |
|---------------------------------------|--------|---------|
| Disability Living Allowance/Personal | | |
| Independence Payment Mobility | | |
| Disability Living Allowance/Personal | | |
| Independence Payment Care | | |
| State Retirement pension | | |
| Pension Credit | | |
| Works/Private pension | | |
| Contribution from other adults in the | | |
| household | | |
| Maintenance | | |
| Other income (please specify) | | |

| Expenditure | | | | |
|---|--------|---------|--|--|
| | Weekly | Monthly | | |
| Rent shortfall (not covered by Housing | | | | |
| Benefit/Universal Credit) | | | | |
| Rent arrears payment (regular extra payments | | | | |
| you must make under a court order or as | | | | |
| agreed with the landlord) | | | | |
| Council Tax | | | | |
| Gas (do not include arrears) | | | | |
| Electric (do not include arrears) | | | | |
| Water rates (do not include arrears) | | | | |
| Food, Housekeeping & Toiletries | | | | |
| Clothing | | | | |
| Childcare | | | | |
| TV Licence | | | | |
| Prescriptions | | | | |
| Mobile phone/s | | | | |
| Landline phone | | | | |
| Internet | | | | |
| Satellite TV Package - SKY, Virgin Media, other | | | | |
| Netflix, Amazon Prime etc | | | | |
| Public transport | | | | |
| Car – Insurance | | | | |
| Car – Road Tax | | | | |
| Car – Fuel | | | | |
| Taxi | | | | |

| Other expenditure – please also specify any extra expenditure in relation to | | | | | |
|--|----------|-----------|--|--|--|
| health/disabilities | | | | | |
| | Weekly £ | Monthly £ | | | |
| Home Contents Insurance | | | | | |
| Maintenance | | | | | |
| County Court/Magistrates Fines | | | | | |
| School meals | | | | | |
| Pet costs | | | | | |
| Other, please detail in full | | | | | |
| | | | | | |
| | | | | | |

| Credit, loans and debts (please state) | | | | | | |
|---|----|-------------|--------|---------|---------|--|
| | | Balance V | | ekly | Monthly | |
| | | owing | | | | |
| Credit Card 1 | | | | | | |
| Credit Card 2 | | | | | | |
| Mail order catalogues | | | | | | |
| Arrears of Gas, Electric, Water Rates | | | | | | |
| Store Cards | | | | | | |
| Personal Loan | | | | | | |
| Other, please detail in full | | | | | | |
| | | | | | | |
| Have you contacted any of the above to discuss | | | | | | |
| reducing your payments, or been in touch with a | | Yes | | | No | |
| debt advice service? | | | | | | |
| DWP/Pension Service deductions from benefits | (A | ttachment c | of Ber | nefit – | AOB) | |
| | W | /eekly | | Mon | thly | |
| Water | | | | | | |
| Social Fund/Budgeting Loan | | | | | | |
| Short term budgeting advance | | | | | | |
| Gas | | | | | | |
| Electric | | | | | | |
| Fines | | | | | | |
| Benefit overpayment | | | | | | |
| Rent arrears | | | | | | |
| Council Tax arrears | | | | | | |
| Other (please specify) | | | | | | |
| When did the AOB start, and end? | St | art: | | End: | | |
| | | | | | | |

| Based on your budget, what is the most | £ | per week |
|--|---|----------|
| you can afford to pay towards your rent | | |
| If there are non-dependent Adults living | £ | per week |
| with you. How much can they afford to | | |
| pay towards your rent? | | |

| Part 6 – Additional Information |
|--|
| |
| If you have Sky/cable TV, internet, phone contracts, please give the date your contrac |
| started and details of how long you are tied into your current agreement. |
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| If you own a car inlease detail the make imodel and ago: |
| If you own a car, please detail the make, model and age: |
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| |
| Is the car a mobility car? If, yes, please give details: |
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| Do you pay for a home help or a carer to come into your home to care for you? If yes, |
| please give details: |
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| Part 7 – Date of claim | | |
|--|--|--|
| Date you would like your award to start | | |
| If the start date is before today, please explain why you did not apply for DHP earlier: | | |
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| Part 8 - Payment | | |
| We will pay DHP to whomever we decide to be the most appropriate recipient. This will be either you, or your landlord. If payment is to yourself, this will normally be paid 2 weekly in arrears but payment to your landlord is paid 4 weekly in arrears. Local Authority tenants will have their DHP payable directly to their rent account. | | |
| Method of payment - private tenants | | |
| The safest and easiest way to receive your DHP is directly into your bank account as it avoids the risk of cheques being stolen or delayed in the post. We cannot pay into a Post Office account. If you need help to open a bank account, please contact us for advice. | | |
| Do you want your DHP to Yes No be paid to your landlord? | | |
| We will issue a form to your landlord asking for their bank details if not already held by WBC. | | |
| Please provide details of the bank or building society account that you would like us to pay into: | | |
| Name of the bank or building society: | | |

| Branch: | Sort Code: | | |
|---|------------|--|--|
| Account Name: | | | |
| Account Number: | | | |
| Roll Number: (Building Society accounts | only) | | |
| Part 9 - Declaration | | | |
| / | , | | |

I /we declare that the information I/we have given on this form is correct and complete. I/we will be liable to repay any overpayments that occur should any of the information given on this form prove to be false or incorrect and you may take action against me/us. This may include court action.

I /we give you permission to use any information you have collected from my/our Housing Benefit/Council Tax Reduction application, to help decide whether Discretionary Housing payment can be granted. You may check some of the information with other sources as allowed by law.

You may use any information I/we have provided in connection with this and any other claim for Social Security benefits that I/we have made or may make. You may give some information to other government organisations, if law allows this.

If you would like more information about how the Council uses your data, please see our Privacy Notices, which are available at http://www.wokingham.gov.uk/privacy/

I/we understand that I/we must inform you straight away if there are any changes in my/our circumstances. If I/we do not and I/we get too much DHP, the council can ask me/us to pay it back and may prosecute me/us.

| Signed by: | |
|--------------|--|
| Date signed: | |

| | you have not completed this fount of the complete this section. | orm, the person who filled it in on your behalf |
|----|---|--|
| H | nave filled in this form on beha | alf of: |
| Tł | ney cannot fill in this form beca | ause: |
| М | y name is: | |
| Re | elationship to the person apply | ying |
| | nave read each question and re | ecorded the answers given. As far as I know they |
| Yo | our signature: | |
| Da | ate signed: | |
| | application. We are unable to | e included the following supporting documents with process your application if any of these are missings some sfor each bank/building society account for yourself |
| | Current Universal Credit Awa | rd (all pages) |
| | Evidence of expenditure not | shown on your bank statements that you |

Equalities Monitoring Questionnaire:

We would like to find out more about those who do and do not use our services. We want to ensure that our services are accessible to, used by and useful to people from all sections of society, and will take steps to address gaps and barriers once we know about them. Answering these few questions will help us to do this.

| Gender – what is your gender? | |
|---|--------------------------------------|
| ☐ Female | |
| ☐ Male | |
| ☐ Prefer not to say | |
| | |
| Fabraia avanus subat ia vasus atbuia avan | m2 |
| Ethnic group – what is your ethnic grou | pr |
| Asian/Asian British: | Black/African/Caribbean/Black |
| Bangladeshi | British: |
| | ☐ African |
| ☐ Pakistani | ☐ Caribbean |
| Chinese | ☐ Any other black background |
| Any other Asian background | |
| Any other Asian background | Please |
| Please | specify |
| specify | |
| | White: |
| Other Ethnic Group: | ☐ English/Welsh/Scottish/Northern |
| ☐ Arab | Irish/British |
| ☐ Any other ethnic background | ☐ Irish |
| Please | \square Any other White background |
| pecify | |
| Bained /Bankinle Ethnie Commi | Please |
| Mixed/Multiple Ethnic Group: | specify |
| White and Asian | |
| White and Black African | ☐ Do not wish to declare ethnic |
| White and Black Caribbean | group |
| ☐ Any other Mixed/Multiple ethnic | |
| background | |
| Please | |
| ricase | |

For advice about tackling debt, you may wish to consider contacting one of the following:

Citizens Advice - Contact the local office:

Visit the website – <u>www.citizensadvicewokingham.org.uk</u> Freephone – 0800 278 7958

Money Advice Service - Tel: 0800 138 7777 or visit their website

www.moneyadviceservice.org.uk

National Debtline - Tel: 0808 808 4000 or visit their website

www.nationaldebtline.org

Stepchange - Tel: 0800 138 1111 or visit their website www.stepchange.org

The list above is an example of sources of help - other debt advice services are available.

Other sources of help:

Home Start UK - a source of help for families:

Wokingham District - Tel: (0118) 988 8025 or visit their website at www.homestart.org.uk

Turn2us - a charity that helps people in financial need to access welfare benefits, charitable grants and other financial help. Visit their website at www.turn2us.org.uk

Transform Housing & Support - support for people in their own homes with housing related issues

Tel: (0118) 978 7750, email: wokingham@transformhousing.org.uk or visit their website www.transformhousing.org.uk