

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



WOKINGHAM
BOROUGH COUNCIL

Discretionary Housing Payment for Removal Costs

Date of Issue:		Claim reference number:	
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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.

DHP must be applied through the Local Authority of the area that you are currently receiving Housing Benefit or the Housing Element of Universal Credit for (not the area that you intend to move to).

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.

Are you currently receiving Housing Benefit or the Housing Element of Universal Credit?

Yes ☐ No ☐

If you have ticked 'No', you are not eligible for assistance from the DHP Fund.

Part 1 – About You	
Your full name:	Date of birth:
Current Address:	
Post code	
Phone number:	Email:
National Insurance number:	

Your partner's full name:	Date of birth:
Phone number:	Email:
National Insurance number:	

Address of the property that you are moving to:
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Date of the move:		
Did you receive any monies from your Landlord for downsizing?	YES	NO
If Yes, how much did you receive? £		
How much are the removal costs? £	£	
Please provide 2 separate quotations from different Removal companies.		

Part 2 - About your household		
Who lives in the property with you? Please provide their name, age and relationship to you		
Are you being supported by anyone? If so, please supply their name, address and organisation they work for.		
Are you happy for us to contact them to discuss your application?	Yes	No

Part 3 – Capital, Savings & Investments

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.

Bank Name	Account Holder Name(s)	Last 4 digits of account number	Current Balance. If overdrawn input £0.00
Stocks & Shares Company Name	Number of Shares Held	Current Value	
		£	
		£	
Do you have Premium Bonds?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what is the investment value		£	

Part 4 – About your Household Income

	Weekly	Monthly
Wages/salary for yourself		
Wages/salary for your partner		
Universal Credit		
Income Support		
Employment & Support Allowance		
Child Benefit		
Working Tax Credit		
Child Tax Credit		
Disability Living Allowance/Personal Independence Payment Mobility		
Disability Living Allowance/Personal Independence Payment Care		
Contribution from other adults in the household		
Maintenance		
Other income (please specify)		

Part 5 – Payment

Payment will be made directly to the Removal Company by bacs transfer.

Contact name and e-mail address of the Removal Company (please ensure this is provided)

Name of the bank or building society:

Sort Code:

Account Name:

Account Number:

Part 6 - 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:	

If you have not completed this form, the person who filled it in on your behalf must complete this section.	
I have filled in this form on behalf of:	
They cannot fill in this form because:	
My name is:	
Relationship to the person applying	
I have read each question and recorded the answers given. As far as I know they are true and complete.	
Your signature:	
Date signed:	

Please note that we are unable to consider your application without the following documents.

Please tick the boxes below to confirm that you have included the following documents with your application for Removal Costs:

☐

1 month's bank statement for **all** accounts which confirm the current balance

☐

Two quotations – 1 from each removal company

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?
<input type="checkbox"/> Female
<input type="checkbox"/> Male
<input type="checkbox"/> Prefer not to say

Ethnic group – what is your ethnic group?
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Asian/Asian British:
<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani
<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other Asian background
Please specify.....

Mixed/Multiple Ethnic Group:
<input type="checkbox"/> White and Asian
<input type="checkbox"/> White and Black African
<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> Any other Mixed/Multiple ethnic background
Please specify.....

White:
<input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British
<input type="checkbox"/> Irish
<input type="checkbox"/> Any other White background
Please specify.....

Black/African/Caribbean/Black British:
<input type="checkbox"/> African
<input type="checkbox"/> Caribbean
<input type="checkbox"/> Any other black background
Please specify.....

Other Ethnic Group:
<input type="checkbox"/> Arab
<input type="checkbox"/> Any other ethnic background
Please specify.....

<input type="checkbox"/> Do not wish to declare ethnic group
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