

Section 4 Income and Expenditure

INCOME

INCOME	SELF	PARTNER	PAID weekly
Wages / Salary	£	£	
Income Support / Job Seekers Allowance / Universal Credit	£	£	
Child Tax Credit	£	£	
Child Benefit	£	£	
Working Tax Credit	£	£	
Pension Credit	£	£	
State Pension	£	£	
Employment and Support Allowance / Incapacity Benefit	£	£	
Self Employed Earnings	£	£	
Child Maintenance	£	£	
Non-Dependant Contribution	£	£	
Work or any other Pension	£	£	
Carers Allowance	£	£	
Other	£	£	
TOTAL	£	£	
Housing Benefit	£	£	
Do you have any savings, and how much?	£	£	

EXPENDITURE (receipts)

You must provide receipts to back up outgoings. Receipts should be no older than 4 weeks. If you are in receipt of IS/JSA/ESA or basic rate of UC and receive no other benefit or income then receipts may not be required.

	PAID weekly	PAID weekly
Mortgage	£	
Rent	£	
Water Rates	£	
Gas	£	
Electricity	£	
School Meals	£	
Child Care Costs	£	
Food/Toiletries Baby Essentials	£	
TV Licence / Rental	£	
Fines / Maintenance	£	
Car or other Travel Costs	£	
Clothing	£	
Telephone - Landline	£	
Telephone - Mobile	£	
Other - Including Alcohol and cigarettes	£	
TOTAL	£	

Outgoings Continued.	Name of Company	How Much?	PAID Weekly/Fortnightly/Monthly	Balance outstanding
Loan (1)		£		£
Loan (2)		£		£
Loan (3)		£		£
Visa / Credit Card (1)		£		£
Visa / Credit Card (2)		£		£
Hire Purchase		£		£
Catalogue (1)		£		£
Catalogue (2)		£		£
Deductions from Benefit		£		£
Other - Please specify		£		£
		£		£

Section 5 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm all the details about them are correct.

Please read this declaration carefully before you sign and date it. By signing this declaration you are confirming that you understand and agree that:

- The information I have given on this form is correct and complete as far as I know and believe.
- If I give information that is incorrect or incomplete, you may take action against me. This may include court action/prosecution.
- I must immediately let the Council know about any change in my circumstances. I understand that if I fail to tell the Council of any changes in circumstances, an overpayment of benefit may occur which I will have to repay.
- I must tell the Council if gross or net wages go up or down.
- The Council will hold and use my personal data in accordance with the requirements of the Data Protection Act 1998.
- The Council may use any information I have provided in connection with this and any other claim for Department for Work and Pensions benefits that I have made or may make.
- The Council may give some information to other organisations, such as government departments, local authorities and private sector companies such as banks and organisations that may lend me money, if the law allows this.
- The Council may check information that I have provided or that has been provided about me to the Council, against relevant information already held to make sure that it is accurate. The Council may also disclose or receive information to/from other public sector agencies and Credit Reference Agencies (which may include a check on undeclared cohabiters), to:
 - Prevent or detect benefit fraud and any other crime
 - To support national fraud initiatives
 - To protect public funds

I declare the information I have given on this form is correct and complete.

Signature of person claiming

Date / /

Partners Signature

Date / /

If this form has been filled in by someone other than the person claiming Appointee YES NO

Please tell us why you are filling in this form for the person claiming.

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form

Signature of the Person and Address

Relationship to the person claiming

Date / /

Name and Address of Appointee who will receive all correspondence

I authorise this person to act on my behalf

Signed by the Claimant:

The Children's Hub
HARTLEPOOL BOROUGH COUNCIL
Civic Centre
Victoria Road
HARTLEPOOL
TS24 8AY



APPLICATION FOR DISCRETIONARY HOUSING PAYMENT

Name:

Address:

For Office Use Only

Claim Ref:

Date of Issue:

Issued by:

Please read these notes carefully

Who can get Discretionary Housing Payments (DHP)

Local Authorities have discretion to award a DHP to a person who is entitled to Housing Benefit (HB), and who, in the opinion of the authority, requires some further financial assistance to help with their housing costs or to move to more affordable accommodation. As part of the application process we may have to contact your landlord for information on your tenancy.

Period of claim

Authorities have discretion as to the period over which they award a DHP and are free to decide the start and end dates of entitlement, whether to backdate, and the method and frequency of payment.

Why are you applying?

I have too many bedrooms for my needs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
My home is substantially adapted for my/someone in my households needs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
My benefit is restricted by the benefit cap	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Financial reasons	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Health reasons	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I need help to move to more affordable accommodation	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other - please state	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please complete and return this form to The Children's Hub, we will request receipts were appropriate.

The Council will only accept ORIGINAL documents and recent receipts.

Failure to supply proof of outgoings may lead to a delay in your application being processed, and / or, your application declined.

If you need help with this form, please telephone The Children's Hub on (01429) 284284 or call into the Civic Centre.

If you have any information on suspected Housing Benefit or Local Council Tax Support Fraud please ring 01429 523157 Information will be treated in the strictest confidence.

If you know about anyone claiming any other benefit they are not entitled to, please ring The National Benefit Fraud Hotline on 0800 854440

YOU MUST COMPLETE ALL SECTIONS OF THIS FORM

DHP is SHORT TERM support. It cannot be awarded on a long term basis. How will a DHP help you?

What will you do to change your current financial situation?

Section 1 Property details

Address: Post code:

Is your property (tick as appropriate)

Registered Social Landlord Owner Occupier Rented from a Private Landlord

When did your tenancy start? / / When did you move to this address? / /

If you have moved within the past 12 months what was your previous address?

Has your property been adapted for your needs?
 e.g. disability reasons, this means a change to the fabric or structure of the dwelling

Section 2 Personal details

YOU **YOUR PARTNER**

FULL NAME(S) Please state whether Mr/Mrs/Miss/Ms		
National Insurance Number		
Date of Birth		
Telephone		

Section 3 Your children and other people living in your household

FULL NAMES		Date of Birth	Relationship to you	Child Benefit	Contribution i.e. Board and Lodge
First Names	Surname				

Is Child Benefit for any of the above due to expire in the next 12 months YES NO

If YES, Name Date Child Benefit due to end / /

Landlord details
 Name:
 Address:
 Post code:
 Telephone:

1. Please give reasons why you wish to be considered for a Discretionary Housing Payment

2. Are you currently expecting a baby? YES NO

If YES, when is the baby due? / /

3. Are you supported by any other person or service? YES NO

i.e. Family Worker, Social Worker etc... If YES, please give name and number

4. Were you able to afford the rent when you moved in? YES NO

If YES, please tell us how you were able to afford it (e.g. In Work)

5. Have you asked your landlord to reduce the rent? YES NO What was the outcome?

6. Have you tried to find cheaper accommodation? YES NO

If YES, with whom?

7. Are there any reasons why you could not move if cheaper accommodation was available? YES NO

If YES, please give reasons

8. What reasons did you have to move to your present address?

9. Do you, or any member of your household have a medical condition, illness or disability that requires you to live in this type of accommodation? YES NO

If YES please give details and provide medical evidence e.g. letter from your GP

10. Are you requesting help with a Bond? YES NO

If YES, how much is the Bond?

11. Are you requesting help to move to alternative more affordable accommodation? YES NO

If Yes please give details

12. Have you had a Discretionary Housing Payment before? YES NO

If YES, please explain what steps you have taken to either find a cheaper property or increase your income and/or reduce your outgoings?

13. Are you requesting financial help with removal costs? YES NO

14. Have you registered with Compass/Housing Options? YES NO

If YES, please state length of time on waiting list?

If NO, please contact Compass/Housing Options to register on 01429 284313.