Claim number



Revenues & Benefits Service PO Box 410 Stockton on Tees TS23 2YD

TEL: 01642 393829 www.stockton.gov.uk/contactbenefits

# Application for a Discretionary Housing Payment (DHP)

Name		
Address		
Main phone no.		
Alternative phone no.		
E-mail address		
How long have you lived at this address?		
Amount of any rent arrears (in £)		
Have you been served with a notice to quit?	Yes (call Housing Options on 01642 528389 to apply.	
	No	
How long do you need discretionary housing payment for?		
If help is needed for less that a year tell us the reason for this		

# 2. Reasons why you are applying for a DHP

Put an X in all relevant boxes

I have too many bedrooms for my needs	
Myself or a member of my family is an approved foster carer	
My home has been significantly adapted for a member of the family who is disabled or suffering from health problems?	
My weekly benefit has been restricted to £384.62/£257.69 a week	
Financial reasons	
Health reasons	
Other (give details)-	

#### 3. Foster Carers

Are you or a member of your family an	No	
approved foster carer?	Yes	
Name of Agency who you are registered with		
as a foster carer		
Address of agency		
Name of social worker		
Telephone number		

# 4. Temporary Absence

Is someone who usually lives with you a member of the armed forces on operations, or temporarily absent from the home such as a son or daughter at university?	No Yes
If <b>yes</b> , give details	

#### 5. Bereavement

Have you had a bereavement within the last 12	No (go to part 6)
months of a member of your family who lived	Yes (answer the
with you?	questions below)
Name of the person	
Relationship to you	
Date of death	

# 6. Medical problems

Do you or a member of your family have a disability or any health problems?	No (go to part 7)
	Yes (answer the questions below)
If <b>yes</b> , give details of any disability or health problems	
You need to give any supporting evidence that you already have when you return this form, such as a copy of a care plan, occupational therapist or doctor's letter, hospital or clinic appointment card or medical certificates.	
Is a bedroom used by a carer who does not	No
live in your home to provide overnight care?	Yes
If <b>yes</b> , tell us who the care is needed for, who provides the care and how often the overnight care is provided.	
Has the property been significantly adapted for	No
a member of the family who is disabled or suffering from health problems?	Yes
If yes, give details	
Does this disability or health problem mean you need more bedrooms than you are allowed under the benefit rules? For example this might be because a disabled person is unable to share with someone else because of the disability, or a room may be used to store equipment or used for treatment.	No
	Yes
If yes, give details	
Does this disability or health problem mean	No
that there are additional costs to be met, such as costs for medicines, transport for treatment, or child care?	Yes
If <b>yes</b> , please give details.	

### 7. Finances

Provide as much detail as possible of your weekly income and outgoings

Income	Weekly amount
Income Support	
Jobseekers Allowance	
Employment and Support Allowance	
Universal Credit	
Child Benefit	
State Retirement Pension	
Works Pension	
Pension Credits	
Wages	
Maintenance	
Child Tax Credit	
Working Tax Credit	
Personal Independence Payment	
D.L.A (Mobility)	
D.L.A (Care)	
Attendance Allowance	
Housing Benefit	
Local Council Tax Support	
Other Benefits/Income	
Total	

Savings/Capital Held	Weekly amount
Bank/Building Society accounts	
ISA's	
Other (Specify)	
Total	

Outgoings	Weekly amount
Full Rent due	•
Water Rates	
Council Tax	
Food	
Household items	
Baby items, nappies, etc	
Clothes, shoes, etc	
Gas	
Electricity	
Telephone	
Mobile Telephone	
Internet	
T.V. License	
Launderette	
Credit Card Payments	
Catalogue	
Home Insurance	
Life Insurance	
Bus Fares	
Prescription Charges	
Medical Items	
Car Expenses (Tax, Insurance etc.)	
Petrol	
Social Fund Loan – outstanding £	
Crisis Loan – outstanding £	
Other Loans – outstanding £	
Fines outstanding £	
Cigarettes	
Pets	
School Meals	
Childcare	
Pocket money	
Other Outgoings (Specify)	
Total	
If your weekly outgoings are higher than your	
weekly income please explain below how you	
are meeting your outgoings	

Does anyone living in your home other than your partner contribute to housing costs?	No	
	Yes	
If <b>yes</b> , give details of how much they currently contribute and if this can be increased? If <b>no</b> , please explain why no contributions are currently being made or they cannot be increased.		
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Have you taken any steps to improve your	No	
money problems yourself?	Yes	
If yes, give details		
Provide details of any other relevant financial issues		

### 8. Private tenants

Do you rent your home from a private landlord?	No (go to part 9) Yes (answer the questions below)
Why did you choose to move to this property? Tell us if you had to move quickly because you were fleeing violence, or of any reasons why you need to live in this location	Yes (answer the questions below)
Were you able to afford the rent when you moved in?	No Yes
<ul> <li>If no, give details of:</li> <li>why you took on the tenancy if you could not afford it,</li> <li>any housing benefit advice you sought before taking on the property, and</li> <li>any other properties you considered before moving in.</li> </ul>	
If yes, explain the reason you are now unable to afford the rent	
Have you asked your landlord to reduce the rent charged?	No Yes
If yes, give details	

# 9. Alternative accommodation

Have you taken any action to find smaller or	No
cheaper accommodation or do you have any	Yes
plans to do so?	
If <b>yes</b> , give details, such as registering with	
other landlords for accommodation or	
requesting a transfer to another property with	
the same landlord.	
Would you or any other people living with you	No
have difficulty moving home?	Yes
If <b>yes</b> , give details.	

10. Other detail	S

Is there anyth would like us					
11. Help an	d advice				
Payments and	will not be able to		ho asks. We tr	y to target	cretionary Housing t the funds so that the nited period.
		on and District Ad ger term solution			vice, and Stockton ice on:
	ming welfare bend ling with outstand	efits ling debts, or bud	geting and mana	aging you	r finances
Would you like	e to be referred to	an appropriate	No Yes		
I agree that the		am referred to ca ncil.		outcome (	of this referral to
If you do not we referred to an please give re	advice agency				
I give authority for Nonderstand that	or Stockton Benefit Work and Pensions t the information I h so includes the rele	bove information all s Service to confirm , my landlord/landla nave given may be s ase of any informat	n any information ady or any other d shared with Stock	given on the epartment cton's Hous	of the Council. sing Options Team.
Signature			Date		