

Discretionary Housing Payment (DHP) application form

Customer name:
Customer's address:

Housing Benefits reference:

Thank you for your recent request for extra help towards your housing costs. To help us respond properly to your request, we need as much information about your circumstances as possible.

Please use the boxes below to let us know why you think you need extra help and provide **documentary evidence** to support your application. For example, if you are ill, you could provide a letter from your doctor or hospital.

You may find it useful to consider the following:

Please confirm why you are applying for a discretionary payment? For example, the benefit cap, under occupation restriction (bedroom tax), local housing allowance shortfall or a rent deposit.

Do you or a member of your family suffer from ill-health? Please give as much detail as you can and supply evidence to support this if possible.

Does the shortfall in your benefit particularly affect any children in your family?

Has your landlord taken any steps to evict you due to rent arrears caused by a shortfall in your benefit? If yes, please give details.

Have you taken any steps to ease your financial problems? For example, have you asked your landlord to reduce your rent, applied for child maintenance, seen a debt counselor or seen one of the council's housing advisers? If yes, please let us know what you have done.

Have your circumstances changed recently causing you hardship? If yes, please let us know when the change happened and what the change was.

Do you have any exceptional outlay, such as debt repayments, that we should take into consideration? Please provide evidence of this if possible.

Have you considered moving to cheaper accommodation? If you have, please tell us what you have done; if you haven't, please tell us why not.

Are you registered on the council's housing list? If so, have you been made an offer of accommodation or alternative housing?

Do you or does any member of your family have any special needs?

Do you require an additional room for a carer? If yes, please provide details of the agency used for this care.

Are you in rent arrears?

Rent arrears?	Yes / No	
If 'Yes' how much are the	e arrears?	<i>E</i>
How many weeks rent does the arrears represent?		

Were you housed in this borough by another council? If so, please give details.

Number of people in your household
Your bank details for paying your DHP into:
Sort code Account number
Name on account

Now please complete the following form detailing your income and expenditure.

Remember to include documentary evidence to support your application, to prevent it from being delayed.

Name:	Reference no:
Address:	

	Income Weekly/Monthly*		Outgoings Weekly/Monthly*	
*please delete as appropriate	E	*please delete as appropriate	E	
Your net wages		Rent		
Your partners net wages		Council tax		
JSA (IB)/JSA (C)		Water rates		
Income Support		Electricity		
Working Tax Credit		Gas		
Child Tax Credit		Housekeeping		
Child Benefit		Court fines		
Occupational/private pension		Maintenance payments		
State Pension		Travelling expenses		
Pension Credit (including Savings Credit)		School meals/meals at work		
Bereavement Benefit		Clothing and shoes		
Non-dependents contribution		Laundry		
Disability related benefits		Telephone/mobile		
Employment and support allowance		Prescriptions		
Carers Allowance		Childcare costs		
Housing Benefit		Building/contents insurance		
Council Tax support		Other, please specify:		
Maintenance/child support		1.		
Student loan/grant		2.		
Universal Credit		3.		
Any other income, please specify:		4.		
Total income <i>É</i>		Total outgoings <i>É</i>		
	Total income	£		
Take away	total outgoings	£		
Ren	naining income	£		

I confirm this is an accurate record of my financial position as at:

We need to monitor how we distribute the payment, so please help us to do this by ticking the boxes which you feel best apply to you.

White	2	Black	Asian	Other	

Please write in the box below if there is any other information you would like to add:

If you need help completing this form, please contact the Customer Services Centre on 01753 475111. The following organisations may also be able to assist you:

Benefits Take Up Service Amit Kohli 07880 091295 Nasim Mehrban 07710 858946	Welfare Rights 01753 475111	Age Concern Slough 01753 822890	Housing Advice Service 01753 475111

Checklist

Please tick the boxes to say what evidence you are sending with this form. We must see original documents, not copies. Please do not send valuable items through the post. If you can, bring them into one of the Community Hubs in Britwell, Chalvey, Cippenham or Langley. You can scan evidence yourself using self-scan or make an appointment to see someone. You can book an appointment online on our website www.slough.gov.uk/bookappointment or by calling 01753 475111. We will take the details we need and give you the documents back straight away. If you do not provide all the evidence we need, we might not be able to pay you any DHP. We need the same evidence for your partner, if you have one.

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence as soon as possible. We can start to process your claim, but we will not be able to pay you any DHP until we have all the evidence.

• Evidence of capital, savings and investments

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. The evidence you send must show details for at least the last three months.

• Evidence of earnings

This means your last five payslips if you are paid weekly, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. Alternatively, you may complete the employer's certificate of earnings form at the back of this form. If you or your partner is self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.

• Evidence of other income

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

• Evidence of benefits, allowances or pensions

Such as current award notices or letters from social security confirming how much you get. If you do not have evidence, let us know straight away. We can check Government benefits independently and proofs may not be needed.

• Evidence of other money paid out

Such as letters about student grants or maintenance, agreements or receipts from registered child carers.

• If you are getting Universal Credit

Your Universal Credit award letter, a breakdown of your housing costs and your tenancy agreement.

- Evidence of any job searches that you have made
- Evidence of any attempts to find alternative accommodation

Please tick the boxes below if you are applying for a rent deposit. You must send in the evidence listed below to support your application. Your application will only be processed once all documentation has been received.

Name of the person in the Housing Dept that you are dealing with	
Housing registration reference number	
Evidence of your prospective (new) address	
Evidence of your new landlord's name, address and telephone number	
Evidence of the amount of deposit needed	
Your gas safety certificate (if applicable)	
Your electrical installation report	

Declaration

I/we authorise Slough Borough Council to make any enquiries they feel reasonable to conduct concerning this application.

I/we declare the information I/we have given is true and I/we undertake to notify the council of any change in my/our circumstances that may affect this application.

I/we understand my/our application or tenancy will be cancelled if I/we have deliberately withheld or falsified information.

I/We declare the information I have given is true to the best of my/our knowledge in obtaining housing with Slough Borough Council, and understand that if I/we have knowingly made a false statement or misrepresentation in anyway, I/we may be investigated and prosecuted under any and all relevant legislation.

This authority is under duty to protect the public funds it administers and to this end, may use the information you have provided on this form, within the authority, for prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

You can request a review if you are refused by writing to The Benefits Manager, PO Box 1032, Slough, SL1 1 FB.

Your signature:	If you have completed this form for someone else, please sign below:
Your email address:	
Your telephone number:	Your relationship to them:

If you have any further queries, please do not hesitate to contact the Benefits Service.



Benefits Service CERTIFICATE OF EARNINGS

HOUSING BENEFIT AND/OR COUNCIL TAX SUPPORT

If you cannot send us your last 5 payslips if you are paid weekly or last 2 payslips if you are paid monthly, please fill in Section 1 then ask your employer to fill in Section 2. We must have proof of your earnings before we can pay you any benefit.

PRIVATE AND CONFIDENTIAL

SECTION 1 (TO BE COMPLETED BY CLAIMANT)

Housing Benefit Reference Number:

Claimants Name:

Claimants Address:

Claimants Signature:

SECTION 2 (TO BE COMPLETED BY THE EMPLOYER)

NOTE: Any writing other than the employer/pay clerk will invalidate the certificate. I would be grateful if you could assist your employee by providing the information requested below and returning it to Slough Borough Council, P.O. Box 1032, Slough SL1 3YT. Please complete all sections.

Date employment commenced			Method of Payment eg. cash/cheque/Bacs	
Date of last pay increase			Date of next pay increase	
Normal basic wage			Normal hours worked	
This Employee is paid	Weekly		please give last five weeks pay detail	S
ł	Fortnightly		please give last three payment details	S
4	4 Weekly		please give last two payment details	
(Cal Monthly		please give last two payment details	

Pay Details:

Pay Period Ending	Gross Pay	Nat. Insur. C	ontributions	Income Tax	 Superann./Pension
1					
2					
3					
4					
5					
Gross to date					
Please confirm the employ	yee's National Insurance No	D:			
Employer's Name & Addre	ess		Employer's	s Stamp*	

I confirm that the information given is true and complete. I understand that giving incorrect information or withholding information may mean you could prosecute me.

Signature	Date	
Name	Position in firm	

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. Individuals can find more information on data processing at www.slough.gov.uk/council/data-protection-and-foi/privacy-notices.aspx

