

Housing and Council Tax Benefit

Claim form for Discretionary Housing Payment

Claim ref:

Name:

Address:

1	Have you tried to negotiate a lower rent with your landlord? If no, why not? If yes, what was the outcome?.....
2	Can we contact your landlord or the landlord's agent?.....
3	Are you related to your landlord? If so what is the relationship?.....
4	What efforts have you made to find more affordable accommodation? Please explain.....
5	Has there been a change in your circumstances in the last 12 months, or since you took on your tenancy (whichever is the shorter)? If yes, can you explain what this was?
6	Do you or any member of your household suffer from any disability or other health problems? If yes, please give details and supply proof.....
7	Please list each bank, building society etc account you have and note the current balance on each account. Also list any other capital assets you have.

8	What is the date that you want us to consider paying you from? Please state the date and reason for applying at this stage (for example you may have had or be expecting a rent increase).....
9	Are you currently paying all of your rent charge (with the help of Housing Benefit) or are you in rent arrears? If you are in arrears how much are these and/or how many weeks rent does this represent?

Please supply any other information that you think may help us reach the correct decision (you can continue on the back of this page or provide additional pages).....

Weekly Income Details

You must list all of your income(s) irrespective of their source as no incomes are ignored for DHP purposes.

Wages - after deductions	£
Partner's wages	£
Pension Credits	£
Tax Credits	£
Incapacity Benefit	£
Child Benefit	£
Jobseekers Allowance (Income-Based)**see below	£
Jobseekers Allowance (Contribution-Based)	£
Income Support**see below	£
Employment and Support Allowance (Contribution Based)	£
Employment and Support Allowance (Income Based)	£
Maintenance Payments	£
State Retirement Pension(s)	£
Other Pension(s)	£
Contributions from other household members	£
Any other income	£

****If you receive Income Support, Jobseekers Allowance (Income Based) or Employment and Support Allowance (Income Based) please supply a breakdown of how it is made up.**

	£
	£
	£
	£

Weekly Expenditure (What you spend)

RENT - shortfall that you are required to pay	£
COUNCIL TAX - shortfall that you are required to pay	£
WATER RATES	£
HOUSE INSURANCE	£
CONTENTS INSURANCE	£
GAS	£
ELECTRICITY	£
COAL	£
OTHER FUELS	£
HOUSEKEEPING (i.e. food, cleaning materials, toiletries etc.)	£
TELEPHONE/FAX/MOBILE	£
TELEVISION LICENCE	£
TELEVISION RENTAL	£
VIDEO RENTAL	£
SATELLITE/DIGITAL RENTAL	£
POCKET MONEY FOR CHILDREN	£
COST OF TRAVEL TO WORK (public transport, taxis etc.)	£
CAR TAX	£
CAR INSURANCE	£
COST OF PETROL/DIESEL	£
SERVICING COSTS (INCLUDING OIL)	£
NEWSPAPERS	£
MAGAZINES	£
TOBACCO	£
ALCOHOL	£
ENTERTAINMENT	£
CLOTHING	£
OTHER - You must say exactly what these are	£
.....	
.....	

Credit Commitments	Balance outstanding	How much you pay weekly towards outstanding balance
Bank Loans	£	£
Credit Cards	£	£
Catalogues	£	£
Other - specify and provide balance.	£	£

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TOTAL Expenditure	£
TOTAL Income note any adjustments	£
DIFFERENCE	£

I understand the following: If I give information that is incorrect or incomplete, you may take action against me.

You will use the information I have provided to process my claim for Discretionary Housing Payments. You may check some of the information with other sources within the council, Rent Service and other councils. I am aware that you may also share this information with the Strategic Housing section of North Norfolk District Council.

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

I know I must let the council know about any changes in my circumstances which may affect my claim. **I declare** the information I have given on this form is correct and complete.

Claimant.....

Partner.....

Date.....

Please return this form to:

**North Norfolk District Council
Benefits Department
Holt Road
Cromer
Norfolk
NR27 9EN**