

Application for a Discretionary Housing Payment

**Pembrokeshire
County Council**

PO BOX 42
Revenue Services,
North Wing, County Hall
Haverfordwest
Pembrokeshire SA61 1YH
Tel: 01437 764551



**Please read the guidance notes
before you fill in this form.**

Official Use Only

Claim No.

Date Issued:

Date Received:

What are Discretionary Housing Payments (DHPs)?

DHPs are payments to help people with their **housing costs** i.e. **rent**.

We cannot help with some parts of your rent, for instance if meals, heating, lighting, hot water or water rates are included.

You must be getting **Housing Benefit** to be able to receive a DHP.

The DHP fund is cash-limited.

How to apply for a Discretionary Housing Payment

To help us decide whether you should get more help please answer the questions on this form.

Please contact Revenue Services if you need help to fill in this form.

If an Officer helps you complete this form it does not guarantee that you will be successful in your application. The officer cannot advise you what to say.

Please use another sheet of paper if you need more room to answer any of the sections.

a Your name

Your address

.....

When did you move to this address?

Could you afford the rent when you first moved in?

What was your previous address?

.....

Why did you leave your previous address?

b Would you like help with your ☐ Rent ☐ Rent in Advance / Bond

If you have ticked rent please tell us how long you need this help for

☐ 4 weeks ☐ 8 weeks ☐ 12 weeks ☐ 26 weeks

If longer than 26 weeks, please tell us how long and why this would help:

.....

.....

.....

When do you need the help from?

C Please tell us about any arrears you have

Do you have rent arrears? ☐ Yes ☐ No

If yes please tell us:

How much are your rent arrears? £

What period do they cover?
to

What action has your landlord taken to recover your rent? (Please send us proof of any action taken)

☐ Court action ☐ notice of seeking possession ☐ notice to quit ☐ a letter

☐ a payment plan ☐ Other, please specify:

d Please tell us how your accommodation is suitable for you (and your family)
e.g. has it been adapted if you have a disability, do you need a lift or ground floor accommodation?

Have you or a member of your family any health problems or disabilities?

If yes, please give details in the space below. Please enclose any supporting evidence when you return this form (e.g. doctor's letters, hospital or clinic appointments, medical certificates)

e Have you tried to find alternative accommodation? (please refer to guidance notes)

f

Please tell us how the area is suitable for you and or your family.

Do you or any member of your family need to live near a particular nursery, other childcare, school, hospital or other service?

Do you or a member of your family have mobility problems which mean you need easy access to public transport or shops, etc?

g

Is there anyone else in your family or household who can help you meet your rent or council tax?

h Please tell us about any recent or future changes affecting you (or a member of your family) that we should take into account? (e.g. moving, starting/stopping work, a change in your household, bereavement, relationship breakdown) Please give details below:-

i I think I can afford to pay £ towards my weekly rent

I think I can afford to pay £ towards my weekly council tax

j Financial assessment form

YOUR WEEKLY INCOME

	you	partner
net earnings from employment		
income support / jobseekers allowance / universal credit		
working and/or child tax credit		
housing benefit		
council tax reduction		
child benefit		
retirement pension		
works pension		
any other state benefit		
money received from parents / friends		
any other income (please state source)		
total weekly income (a)		

AMOUNT OF CAPITAL HELD

bank accounts		
building society / post office accounts		
other savings		
total amount of capital		

YOUR WEEKLY AMOUNT OF OUTGOINGS

(please convert any monthly outgoings to weekly figures)	you	arrears, if any
rent		
mortgage		
council tax		
electricity		
gas		
water rates		
tv licence / rental		
telephone		
food		
household products		
clothing		
car / transport		
maintenance		
finances		
other outgoings (please say what they are)		
total weekly outgoings (b)		

weekly income less weekly outgoings (a less b)

CREDIT DEBTS: Name of Creditor	balance owing	repayment offer (if any)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Total monthly or weekly repayments		

k Declaration

- I will tell you if any of the details on any letter you send me are incorrect
- The information I have given is true and correct
- I will write to you straight away if there are any changes in my circumstances so that you can work out my benefit again. If I do not and I get too much benefit or discount the Council can ask me to pay it back and may prosecute me

I have read and understood the declaration.

Please sign and date the form below (if you have a partner they should also sign below)

You Date

Your Partner Date

If someone else has filled in this form on your behalf please say why below and ask them to sign this form.

Reason Date

Name of person Signature of person

Please return this form together with the necessary documentary proof to:
**Pembrokeshire County Council, Revenue Services, PO Box 42,
Haverfordwest Pembrokeshire SA61 1YH**

How we collect and use information

This authority is under a duty to protect the public funds it administers. We may check information that you provide, or information provided by a third party with other information we hold to check the accuracy of information; to prevent or detect crime; and to protect public funds in other ways, as permitted by law.

We may also share this information with other council departments or bodies administering public funds for these purposes. We may also use this information to put you in touch with council services that may be able to help you. We will not disclose information about you to anyone, unless the law permits us to.

Discretionary Housing Payment

9/2015