Application for Discretionary Payments to help with your rent and Council Tax

Office Use	
Claim ref	
Issued on	DD / MM / YYYY

righton & Ho City Council

What are Discretionary Payments?

Discretionary Payments (DPs) are payments to help people with their rent and council tax.

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 or Council Tax Reduction or Universal Credit, to receive a DP.

The DP fund is cash-limited.

How to apply for a Discretionary Payment

We will need to see bank printouts for at least the last 30 days from the time you submit your DP application, for ALL bank accounts, building society accounts and savings accounts held for yourself and your partner (if applicable).

If you receive Universal Credit you will need to provide a breakdown of your award from The Department for Work and Pensions. You can get this from your online journal.

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

If a Benefits Officer helps you complete this form, it does not guarantee that you will be successful in your application. A Benefits Officer cannot advise you what to say.

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

List all bank accounts belonging to you and your partner:

If there are transfers in and out of your accounts to other accounts belonging to you or your partner, we will need to see statements for these accounts too. If these are not provided with your application, it may delay or stop the decision and/or award.



A Your details

Your name

Your email address	Your daytime contact number
Your address	
National Insurance number	Could you afford the rent when you first moved in?
What was your previous address?	
Why did you leave your previous ad	ldress?
B Please tell us what	help you need
Would you like help with your	
Rent and Council Tax	Council Tax Rent
Please tell us how long you need thi	
	itil
DD / MM / YYYY	DD / MM / YYYY
If longer than 26 weeks, please tell	us how long and why this would help:
Why do you need the help for the p	eriod above?

C Please tell us about any arrears you have

If you do not have any arrears, please go to Section D

Do you have rent arrears? Do you have Council Tax arrears?		
Yes No	Yes No	
How much are your rent arrears?	How much are your Council Tax arrears?	
£	£	
What period do they cover?	What period do they cover?	
DD / MM / YYYY to DD / MM / YYYY	DD / MM / YYYY to DD / MM / YYYY	
What action has your landlord taken to recover your re	ent? (Please send us proof of any action taken)	
Court Action notice of seeking po	ossession notice to quit a letter	
a payment plan other, please specify:		

D Your accommodation

Tell us how your accommodation is suitable for you (and your family)

For example,

- has it been adapted specifically for you and/or a member of your family if you have a disability?
- do you need a lift or ground floor accommodation?
- do you need an extra room because you need a carer or because you have shared custody of a child or children?
- do you need an extra room as you are a foster carer?

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

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

Also tell us how your accommodation is particularly suitable for you or a member your family with these health problems or disabilities? Would you have difficulty finding more suitable accommodation due to these physical or mental health problems?

E Alternative accommodation

Have you tried to find alternative accommodation?

For example, have you registered With Homemove, the council or a Housing Association? How have you tried to find cheaper accommodation?

F Suitability

Tell us how the area is suitable for you and/or your family.

For example, is it near your children's school or nursery? Are you near your family who provide you with support of some kind? Is it near a clinic or hospital that you attend on a regular basis?

G Mobility

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

H What you can afford

In addition to my housing benefit or Housing Cost through Universal Credit, I can afford from my own money:	In addition to my council tax reduction, I can afford from my own money:
E towards my weekly rent	£ towards my weekly Council Tax
Do you have multiple debts and would like information ab Please tick: Yes No	out further financial support available in the city?
Do you have a social worker or a key worker?	Yes No
Do you give us permission to contact this person about you	ar application? Yes No
If yes, what is their name, the organisation they work for, a	and their telephone number?

I Universal Credit

If you do not claim Universal Credit please go straight to Section J

Send us a breakdown of your Universal Credit award and an up to date signed Tenancy Agreement which shows proof of the rent you are charged including any service costs and your landlord contact details such as full name, address and phone number.

If you do not receive Housing Benefit because you receive the Housing Element of Universal Credit, we need to decide how to pay your Discretionary Housing Payments.

Please tick if you want: Payment to landlord	Payment to you	(Please note, we will have to contact your landlord regarding the payments)
Please give the bank details of who the DHP page	yment should be made to:	r , ,
Name of person payable to:		
Bank or Building Society name and address:		
Sort Code:	ccount / Roll Number:	

J Changes

Tell us about recent or future changes affecting you (or a member of your family) that we should take into account?

For example:

- you are expecting a baby or have just had one
- a recent bereavement
- a rent increase
- a relationship break down
- moving home
- starting or leaving work
- changes in your income
- someone leaving your household

K Financial Assessment Form

This section is very important. Please complete as fully as possible to help us reach a decision

Your weekly income	•	
	you	partner
net earnings from employment		
income support / jobseekers allowance		
universal credit		
working and/or child tax credit		
incapacity benefit/employment support allowance		
disabled living allowance/attendance allowance/		
personal independence payment		
housing benefit		
council tax reduction		
child benefit		
maintenance		
retirement pension / works pension		
any other state benefit e.g. Carers Allowance		
money received from parents / friends		
any other income (please state source		
total weekly income (a)		
total amount of Canital		
total amount of Capital		
Your weekly outgoings		anneana if ann
(Convert any monthly outgoings to weekly figures)	you	arrears, if any
rent		
council tax		
electricity		
gas		
water rates		
tv licence / rental		
telephone / internet		
food		
household products		
clothing		
car / transport		_
maintenance		
fines		
insurance		
entertainment/socialising		
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.	Sumo	· · · · · · · · · · · · · · · · · · ·
2.		
3.		
4.		_
5.		

total monthly or weekly repayments

L Declaration

- · I will tell you if any of the details on any of the correspondence you send me are incorrect.
- The information I have given is true and correct. If any of the information is found to be untrue, and I get too much discretionary award or reduction, the council can ask me to pay it back and may prosecute me.
- I will write to you straightaway if there are any changes in my circumstances so that you can work out my benefit and/or reduction again. If I do not, and it leads to getting too much discretionary award or reduction, the council can ask me to pay it back and may prosecute me.

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 will also use the information collected on this form to help us improve services and to identify gaps or barriers to accessing our services.

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.

The council is the Data Controller for the purposes of the Data Protection Act 2018. If you want to know more about the information we have about you, or the way we use your information please email data.protection@brighton-hove.gov.uk or call 01273 295959.

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

You	Date	DD	/	MM	/	YYYY
Your Partner	Date	DD	/	MM	/	YYYY

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

Date

Signature

Reason

The landlord portal

Tell us your landlord's email address so that we can register them to our landlord

portal

Return this form together with the necessary documentary proof:

Post it: Revenues and Benefits, Brighton & Hove City Council, PO Box 2929, Brighton BN1 1PS

Email it: LDSF@brighton-hove.gov.uk

Bring it to the Customer Service Centre, Bartholomew House, Bartholomew Square, Brighton BN1 1JE.