

DHP Application form

Application for Discretionary Housing Payment (DHP)

Section 1: About you

To help us to process your claim quicker, please give us your current contact details.

Full Name:

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Address:

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..... Post Code:

.....

Claim reference number: 80-

.....

Home number: Mobile:

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Email address:

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Please note we may contact you regarding your claim and your appointments. We have found that contacting customers by email and text is an efficient way of getting in touch quickly with customers. If you have any preferences about the way you are contacted please let us know.

Section 2: About your circumstances

1. Why are you applying for DHP e.g. bedroom tax, local housing allowance (LHA) shortfall, benefit cap, personal circumstances?

2. Have you applied for DHP before?

Yes- please answer question 2A

No- Please answer question 2B

2A. Please tell us what are you doing to meet the conditions of your last award?

2B. Please tell us what have you tried to do to improve your current situation?

3. Are you getting help from anyone at the moment e.g. Tenancy Sustainment, Connection, Crisis, Aspire, Mind, Advice Centre, Citizens Advice Bureau (CAB), Job Clubs, Social Services, etc.?

4. Is there anything else you would like us to know about when we are considering your claim e.g. risk of eviction, health, pregnancy, addiction issues.

5. When would you like your DHP to start and why? If you want DHP for past period, tell us why did you not apply before?

Section 3: About your new DHP award

6. DHPs provide short term financial help for people who are working towards improving their situation so they can afford to pay their rent without this support in the future. Which of the following options are you taking or are you prepared to take to improve your situation?

Employment/training towards work
home)

Downsizing (moving to a smaller

Increasing working hours

Debt/money advice

Moving to cheaper accommodation

Lodger

Other (please specify below):

Section 4: About your financial situation

Please give us details of your Income and Expenditure as accurately and completely as you can. This information is needed to make a decision about your Discretionary Housing Payment. You may be asked to provide proof of the amounts declared.

Please state period as Y = yearly or Q = quarterly or M = monthly or W = weekly

Income

Income Type	Period	Amount	Income Type	Period	Amount
Wages			Industrial Injuries Benefit		
Wages (partner)			Pension Credit		
Jobseeker's Allowance			State Retirement Pension		
Income Support			Occupational Pension		
ESA			Sick Pay		
Child Tax Credit			Maternity Pay		
Child Benefit			Carer's Allowance		
Disability Living Allowance			Attendance Allowance		
Personal Independence Payment (PIP)			Student Income/ Loans		
Maintenance			Savings/ Investments		
Working Tax Credit			Armed Forces Independence Payment		
Money from Non-Dependant			Universal Credit		
Rent from lodger			Other (please specify)		

Bills

Expenses	Period	Amount	Expense	Period	Amount
Total Rent*			Pay TV/ Internet/ Phone Package		
Council Tax (after CTRS*)			Maintenance Payments		
Water Rates			Service Charges		
Gas			Private Pension payments		
Electricity			Insurance e.g. contents, life, pets		
Coal/Wood/Other Heating			Other (please specify e.g. repairs)		
TV Licence					
Mobile Phone 1					
Mobile Phone 2					

Housekeeping					
Expenses	Period	Amount	Expense	Period	Amount
Food			Childcare		
Takeaway			Healthcare Prescriptions		
Baby Food/ Milk			Health & Beauty (please specify e.g. haircuts)		
Toiletries					
Nappies			Clothing		
Laundry/ Dry Cleaning			Disability Related Care Expenditure		
Cleaning Materials					
School Uniform			Gym Membership		
School Meals			Other (please specify)		
School Trips					

Travel					
Expenses	Period	Amount	Expense	Period	Amount
Public Transport			Disability Related Mobility Expenditure		
Petrol					
Insurance			Breakdown Cover/ MOT		
Road Tax			Other (please specify)		
Taxi					

*Total Rent- tell us what your actual rent is

*CTRS- Council Tax Reductions Scheme

Please state period as Y = yearly or Q = quarterly or M = monthly or W = weekly

Other costs					
Expenses	Period	Amount	Expense	Period	Amount
Going Out/ Entertainment			Cigarettes		
			Alcohol		
Savings			Gambling		
Pets e.g. food, vets			Holidays		
Pocket money			Meals at work		
Afterschool Clubs			Newspapers/ Magazines		
Birthdays			Subscriptions/ Charities		
Religious Holidays e.g. Christmas, Eid			Other (please specify)		

Debt			
Expenses	Period	Amount	Total amount of debt
Personal Loans e.g. family, friends			
Pay Day Loans			
Credit Cards			
Rent Arrears			
Utility Arrears e.g. gas, water, electrics			
Council Tax Arrears			
HB overpayments/ deductions			
Hire Purchase/ White Goods Loans			
Court Fines/ Bank Costs			
Maintenance Payments			
Catalogue Payments			
Student Loans			
Other (please specify)			

Section 5: Your declaration

I declare that the information I have given on this form is correct and complete.

I understand the following:

- If I give incorrect or incomplete information, the council may take action (including court action)

against me;

- Oxford City Council is registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. You can view the council's data protection policy and privacy notice at www.oxford.gov.uk/privacy
- We may share your information with and obtain information about you from other departments within Oxford City Council, other local authorities, government departments or financial organisations to ensure that the information is accurate; prevent or detect crime and fraud and protect public funds. We will not sell, share, or rent this information to others in ways different from what is disclosed in this statement.
- The council will use the information I have given to assess my claim for Discretionary Housing Payment, and I agree that the council can verify this if needed;
- I will tell the council about any changes in my circumstance that may affect my claim.

Your signature:

Date:

If you had help filling in this form or someone filled it in for you, please ask them to complete the next section.

I can confirm that I have completed this form on behalf of the claimant. The information contained within the form has been given to me by the claimant. The claimant confirms that this information is correct.

Name and relationship to you of the person who filled in the form:

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