

# Discretionary Housing Payment Application Form

A Discretionary Housing Payment (DHP) provides additional help with your rent. It does not help with Council Tax and certain parts of your rent may be excluded, e.g. heating and water charges.

We cannot pay above the level of your rent and you must be getting Housing Benefit or receiving Universal Credit which includes an amount for housing costs in order to be able to receive a DHP.

The funds available to us are very limited so to help us decide whether you should get more help please answer the questions on the form. Please provide as much information as you can. In addition attach any supporting evidence which you think may help your claim.

Payments are only made for a limited period of time. After the period ends you can apply again. You will need to show that you have made every effort to meet the shortfall in rent.

## Where can I get more advice?

If you need more help, please contact us.

<b>TORFAEN RESIDENTS</b> should contact <b>TELEPHONE: 01495 766430 or 01495 766570</b> <b>E-MAIL: <a href="mailto:benefits@torfaen.gov.uk">benefits@torfaen.gov.uk</a></b>		<b>MONMOUTHSHIRE RESIDENTS</b> should contact <b>TELEPHONE: 01633 644650 or 01633 644655</b> <b>E-MAIL: <a href="mailto:benefits@monmouthshire.gov.uk">benefits@monmouthshire.gov.uk</a></b>	
<b>IN PERSON at any of our One Stop shops or Customer Centres</b>			
<b>ABERGAVENNY</b> (open normal office hours) Cross Street, Abergavenny NP7 5HD	<b>CHEPSTOW</b> (open normal office hours) Manor Way, Chepstow NP16 5HZ	<b>CALDICOT</b> (open normal office hours) Woodstock Way, Caldicot NP26 5DB	
<b>MONMOUTH</b> (open normal office hours) Priory Street, Monmouth NP25 3XA	<b>PONTYPOOL</b> (open normal office hours) Level One Civic Centre, Pontypool NP4 6YB	<b>CWMBRAN</b> (open normal office hours) 1-2 General Rees Square Cwmbran NP44 7NX	
<b>BLAENAVON (Tuesday to Friday 9.30 am to 2.30pm )</b> Blaenavon World Heritage Centre Church Road Blaenavon NP4 9AS			

## Housing Options Service

The Council's Housing service is able to provide information and assistance on a wide range of housing, or related problems e.g. If you find yourself threatened with homelessness.

### TORFAEN RESIDENTS

should contact Housing Options  
Torfaen

**TELEPHONE: 01495 742302**

**E-MAIL: [housingoptions@torfaen.gov.uk](mailto:housingoptions@torfaen.gov.uk)**

### MONMOUTHSHIRE RESIDENTS

should contact Housing Options Monmouthshire

**TELEPHONE: 01291 635714**

**E-MAIL: [housingoptions@monmouthshire.gov.uk](mailto:housingoptions@monmouthshire.gov.uk)**

**Please return this form to  
Shared Benefits Service  
Level 3, Civic Centre**

Alternatively it can be

**Pontypool, Torfaen NP4 6YB**

- handed into one of our Customer Centres in Torfaen or One Stop Shops in Monmouthshire
- E-mailed to [benefits@torfaen.gov.uk](mailto:benefits@torfaen.gov.uk)
- [benefits@monmouthshire.gov.uk](mailto:benefits@monmouthshire.gov.uk)



## Discretionary Housing



## Payment Application Form

Please complete all sections of this form and attach any supporting evidence which you think may help your claim. If you are reapplying for a Discretionary Housing Payment you will need to show that you have made every effort to meet the shortfall in rent.

Name		Claim reference (if known)	
Address		Daytime contact number (in case we need to call you for more information)	
Post code		Email address	

### SECTION 1. Why do you need help?

Please briefly explain why you are claiming Discretionary Housing Payments e.g. help with removal costs/deposit or your Housing Benefit /Universal Credit has reduced following the removal of the spare room subsidy (bedroom tax) or the introduction of the benefit cap.

From what date you need help to pay your rent?

How long do you need help? Please tick

One-off payment  4 weeks  8 weeks  12 weeks  26 weeks

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

### SECTION 2. About your rent? Please tick

Who do you pay your rent to?

Private landlord  Housing Association  Other  please specify.....

Could you afford the rent when you first moved in?

YES  NO

How much is your weekly rent?

£

How much Housing Benefit or Universal Credit do you receive?

£

<b>Are you paying any rent yourself?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> if YES how much?		£
<b>What is the weekly shortfall in your rent?</b>			£
<b>How much of the shortfall do you think you can afford to pay?</b>			£
<b>Do you have any rent arrears?</b> Please tick <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES please state amount £		
<b>What period do they cover?</b>	<b>From</b>		<b>To</b>
<b>What action has your landlord taken to recover the rent arrears? Please send us proof of any action taken?</b>			
Court Action <input type="checkbox"/> Notice seeking possession <input type="checkbox"/> Notice to quit <input type="checkbox"/> A letter <input type="checkbox"/> Other action <input type="checkbox"/> please specify.....      No action <input type="checkbox"/>			
<b>If your landlord is taking action against you would you like us to refer you to the Council's Housing Options (they may be able to help you)</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>

**SECTION 3-About you and your family please tick**

Please tell us the names and dates of birth of all the people who live with you

Name	Date of Birth	Relationship to you

<b>Are you a foster carer?</b> If YES, please give details e.g. are you waiting for a placement, going through the assessment process etc. Please provide a letter your social worker confirming the arrangement.	YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--

<b>Do you or a member of your family have any disabilities or health problems?</b> If YES, please give details and supply supporting evidence e.g. a letter from your doctor.	YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--

<b>Does anyone in your family need overnight care?</b> If YES please give details of the care arrangements and provide supporting medical evidence.	YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--

**Please tell us how the accommodation is suitable for you and your family e.g. has it been adapted if you have a disability or is the accommodation near to a service you require such as a hospital or childcare provider etc.**

**Please tell us about any recent or planned 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**

**SECTION 4 –Your weekly income and expenditure please tick**

WEEKLY INCOME		EXPENDITURE			
<b>EARNINGS</b>		Electricity	£	Gas	£
SELF(net)	£	Housekeeping/ food	£	Water rates	£
PARTNER (net)	£	Rent	£	TV License	£
<b>BENEFITS</b>		Childcare	£	Cable/Sky	£
Job seekers allowance	£	Telephone	£	Fines	£
Employment and Support Allowance	£	Mobile contract	£	Clothes/ footwear	£
Tax Credits		Travel expenses	£	Loans 1. 2.	£
Child Benefit		Petrol	£		
Universal Credit		Medical expenses e.g. cost of care			
Attendance / Disability Living allowance/ Personal Independence Payments	£	<b>INSURANCES</b>		<b>CREDIT CARD /CATALOGUES debts</b>	
State Pension	£	Building	£	1.	£

<b>Pension Credit</b>	£	<b>Contents</b>	£	<b>2.</b>	£
<b>Private Pension</b>	£	<b>Car Insurance</b>	£	<b>3.</b>	£
<b>OTHER INCOME</b>		<b>OTHER EXPENSES please specify</b>			
<b>1.</b>	£	<b>1.</b>			£
<b>2.</b>	£	<b>2.</b>			£
<b>3.</b>	£	<b>3.</b>			£
<b>4.</b>	£	<b>4.</b>			£
<b>FOR OFFICE USE</b>		<b>FOR OFFICE USE</b>		£	

If any of your expenses are unusually high please tell us why? E.g. the cost of care if you are disabled.

Have you made enquiries to reduce the payments you are making with regard to your debts? If YES please give details

YES  NO

Please state the total amount of money currently held in cash, in bank, building society accounts or investments?

£

Do you receive any money from anyone in your household for board and Lodge? If YES please state weekly amount received

£

YES  NO

**Section 5-Action taken to meet the shortfall in your rent please tick ✓**

Have you asked your landlord if it is possible to move to smaller accommodation? If YES please give details

YES  NO

<b>Have you tried to find alternative accommodation? If YES please give details</b>							YES <input type="checkbox"/>		NO <input type="checkbox"/>								
<b>Is there anyone else in your family or household who can help you meet the cost of your rent? If YES please give details</b>							YES <input type="checkbox"/>		NO <input type="checkbox"/>								
<b>Have you asked your landlord to reduce the rent? If YES please give details</b>							YES <input type="checkbox"/>		NO <input type="checkbox"/>								
<b>What steps have you taken to find employment or increase the number of hours you work? Please give details</b>																	
<b>Please tell us about any other action you have taken to help you meet the shortfall in your rent? e.g. have you sought money advice</b>																	
<b>If you are in receipt of Universal Credit or are applying for a one off payment e.g. for removal costs ,help with a deposit or rent in advance please provide your bank details</b>																	
<b>Name of account holder</b>		<b>Sort code</b>		<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<b>Account number</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Section 6. Other Information</b>																	
Please use this space to give us any other information you wish to provide. Please use a separate sheet if necessary																	

### ***Declaration***

Please read this declaration carefully before you sign and date it. I understand the following:  
 If I give information that is incorrect or incomplete, you may take action against me.  
 I know I must let the Council know about any changes in my circumstances which might affect my claim. I declare the information I have given on this form is correct and complete. I consent to the information on this form being shared with the Housing Options Team.

<b>Claimant's signature</b>		<input type="text"/>	<b>Date</b>	<input type="text"/>
<b>Partner's signature</b>		<input type="text"/>	<b>Date</b>	<input type="text"/>
<b>Name of person completing the form on behalf of the claimant</b>		<input type="text"/>		
<b>Reason for completing the form</b>		<input type="text"/>		

Relationship to person claiming		Date	