

Milton Keynes Council  
Benefits Service  
Civic Offices  
1 Saxon Gate East  
Central Milton Keynes  
MK9 3HQ

# Application for Lump Sum Discretionary Housing Payment

**Official Use**

Housing Benefit reference:  LWP Ref:

Use this form if you are applying for a lump sum payment to help you move.

Name:  Home Telephone Number:

Mobile Telephone Number:  Email:

Current Address:

Postcode:

National Insurance Number:  Date of Birth:  /  /

I wish to apply for Discretionary Housing Payment for: (tick box)

**A Deposit**  **Help with removal costs**  **Rent in advance**

Are you currently in receipt of Housing Benefit? Yes  No

**I need this help because:**

I am being evicted and need to move

I am moving to somewhere more affordable

I need to move to a smaller property

Other

**You must provide a copy of your Section 21 notice.**

**Please give more reasons for needing to move such as the reason why you are being evicted.**

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**If you are moving to a more expensive property give more details below as to why the move is essential.**

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Please give the address of the property you are hoping to move to:

Postcode:

What date do you intend to move in to the property?

How many bedrooms does it have?

1     2     3     4     5

What is the landlord's name and address

Postcode:

How much is the rent? £                      is this per month     per week     other (specify)

If the rent is higher than the Local Housing Allowance rate that applies to your household, please state how you intend to make up the shortfall? We will need you to complete an income and expenditure form to show you can afford the extra rent because it will not be met by housing benefit.

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**(Please go to <http://www.milton-keynes.gov.uk/> for more information on the current LHA rates in Milton Keynes or ask for our leaflet)**

Have you any funds available that you could use? E.g. savings    Yes     No

If yes please provide details.

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Please give details of how much Discretionary Housing Payment you are requesting.

Deposit	<input type="text" value="£"/>
Rent in advance	<input type="text" value="£"/>
Removal costs	<input type="text" value="£"/>
<b>TOTAL</b>	<input type="text" value="£"/>

**You will need to provide 3 quotes.**

List everyone who will be moving in with you and their ages

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## Deposit

If you have requested help with a deposit, please give details of the deposit scheme into which the landlord will pay the money.

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We may ask for evidence that the deposit has been into a government approved scheme once you have moved in.

## Removals

If you have requested help with removals please detail what is being moved and how many of each item below. Your removal quotes must be competitive and reflect the time it will take to move your items.

	How many		
<input type="checkbox"/> Beds	_____	<input type="checkbox"/> Cooker	<input type="checkbox"/> Kitchen utensils
<input type="checkbox"/> Sofa/Armchairs	_____	<input type="checkbox"/> Washing machine	<input type="checkbox"/> Carpets
<input type="checkbox"/> Dining table	_____	<input type="checkbox"/> Curtains	<input type="checkbox"/> Personal belongings
<input type="checkbox"/> Dining chairs	_____	<input type="checkbox"/> Clothing	
<input type="checkbox"/> Wardrobes	_____	<input type="checkbox"/> Fridge/Fridge Freezer	
<input type="checkbox"/> Sofa/Armchair	_____	<input type="checkbox"/> Other (state what) _____	

Are you due to have a deposit or rent in advance returned to you in respect of your existing tenancy? Yes  No

If yes, how much?

£

When will you receive this?

If you can't use this towards your new tenancy please give details why.

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**Payment for the deposit and rent in advance will be made direct to your new landlord under Milton Keynes Council's safeguard policy.**

If you do not want this to happen, please explain why below

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Have you checked with your landlord that he is willing to receive a Discretionary Housing Payment on your behalf? Yes  No

Who should payment be made to? Landlord  Myself

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Whose name is the account in? \_\_\_\_\_

Account number: \_\_\_\_\_ Sort code: \_\_\_\_\_

**If you have applied for removal costs who should they be paid to?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone number: \_\_\_\_\_

Bank details: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Whose name is the account in? \_\_\_\_\_

Account number: \_\_\_\_\_ Sort code: \_\_\_\_\_

**The following documents must be enclosed with this form. We will not be able to make any payments without these documents.**

- **2 months bank statements.**
- **A letter from your new landlord to confirm the rent that will be charged and the amount needed for deposit and/or rent in advance.**
- **If you have requested removal costs, 3 competitive quotes**
- **Section 21 notice if you are being evicted from your current address**

**DECLARATION**

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

I understand that if the information I have given is incorrect or incomplete I will be asked to repay the Discretionary Housing payment and you may take action against me. This may include court action.

I / We give you permission to use any information you have collected from my / our Housing Benefit/Council Tax Benefit application, to help decide whether Discretionary Housing payment can be granted. You may check some of the information with other sources as allowed by law.

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 some information to other government organisations, if law allows this.

The Council is under a duty to protect public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing and administering public funds for these purposes. For further information please go to <http://www.milton-keynes.gov.uk/internal-audit/displayarticle.asp?ID=58465>

Signature

Date  /  /

<b>Official Use</b>	DHP <input type="checkbox"/>	LWP <input type="checkbox"/>
Form Completed <input type="checkbox"/>		Removal Quotes <input type="checkbox"/>
Bank Statements <input type="checkbox"/>		COA Issued <input type="checkbox"/>
Landlord Letter <input type="checkbox"/>		Revenues Checked <input type="checkbox"/>
Officer: _____		Other: _____ <input type="checkbox"/>

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 T 01908 253100



[www.milton-keynes.gov.uk/benefits](http://www.milton-keynes.gov.uk/benefits)

Please give details regarding your income and expenditure – please enter either weekly or monthly amounts.

Income	Amount Weekly	Amount Monthly	Notes
Wages/Salary Self			
Wages/Salary Partner			
Child Tax Credits			
<b>Housing Benefit</b>			
Working Tax Credits			
Child Benefit			
Maintenance			
Income Support			
JSA			
Incapacity Benefit/ESA			
Disability Living Allowance			
Other state benefits			
Contribution from other adults in property			
Retirement Pension			
Works Pension			
Pension Credit			
Other Income (please specify)			
<b>TOTAL</b>			

Expenditure - Priority payments	Amount Weekly	Amount Monthly	Explanatory Notes <i>Please use this column to explain any unusual or excessive amounts</i>
Rent (including arrears)			
Council Tax (including arrears)			
Gas			
Electricity			
Water Rates			
Housekeeping			
TV License			
Court fines			
<b>Non-priority payments</b>			
Satellite			
Broadband			
Mobile phone			
Credit Card			
County Court Judgement			
Catalogues			
MOT/Servicing			
Car Insurance			
Travelling Expenses			
Telephone landline			
House Insurance			
Pet Expenses			
Clothing			
Health expenses			
Life insurance			
Other loans			
Other (please specify)			
<b>TOTAL</b>			

Please complete the box below

**TOTAL INCOME**

£

**TOTAL EXPENDITURE**

£