

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

Application for Discretionary Housing Payment

Use this form if you are applying for help with the shortfall in your rent. Please complete the form in full and answer all questions.

Bring the form to us or post it to the address at the top of this page

Name: Contact Number:

Address:

Postcode:

Email:

Housing Benefit reference:

You must be in receipt of Housing Benefit to be eligible for a Discretionary Housing Payment.

The level of funding is not intended to compensate for changes in the welfare benefit system. Welfare reform is aimed at encouraging people to move into work, increase their hours, and/or move to more affordable accommodation. It is anticipated that behavioural changes that the reforms are intended to encourage will take place in many cases without assistance from DHPs.

Please complete the questions below as fully as possible.

Please note that for your claim to be processed you must supply two months bank statements.

Equalities monitoring

Is English your first language?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you in receipt of a War pension?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a lone parent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a carer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a pensioner under 75?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a pensioner over 75?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SECTION 1

Please tell us from the list below why you are applying for a Discretionary Housing Payment.

- 1) You have more bedrooms in your home than the government says you need
- 2) Your benefit is due to be capped
- 3) You live in a property which was purpose built or adapted for disability purposes
(Please see list at the rear of the form to confirm which adaptations you have had in the space below)
- 4) You have a shortfall between your rent and your Housing Benefit
- 5) Any other reason (please give details)

Please tell us of any recent or future changes affecting you or a member of your household that we should take into account (e.g. starting/stopping work, a change in your household, bereavement).

Do you have any assets, savings or other financial resources that you could rely on i.e. friends or family?

When you took on your current tenancy were you able to afford the rent?

SECTION 2

Tell us about your current accommodation

We cannot help with some parts of your rent for example, ineligible charges, shortfall due to overpayment recovery and increases in rent due to rent arrears.

Why did you choose to rent this accommodation?

Please tell us how your current accommodation is suitable for you.

Do you need to live in this particular area?

Yes

No

If yes, please explain why.

Are you or your partner working in the local area?

Yes

No

If yes would you find it difficult to continue to work if you moved to another area? Please give details.

Do you have children in local schools/college?

Yes

No

If yes state what year/stage they are in and how do they get to school i.e. bus, walk...

SECTION 3

Please tell us about any arrears you have

Do you have rent arrears? Yes No

Do you have any Council Tax arrears? Yes No

How much are they? Rent £ _____ Council Tax £ _____

What period do they cover? *Please provide proof of your arrears*

What action if any has your landlord taken to recover your rent? *Please provide proof*

Notice seeking possession court action a letter other *please specify*

Have you attempted to renegotiate your rent with your landlord? If so what was the outcome?

Would your landlord consider reducing the rent if your Housing Benefit was paid directly to them?

When does your current tenancy end? _____

What is your notice period? _____

Have you tried to find alternative accommodation? If not, why not?

Have you been to Housing Options to see if they can help you find alternative accommodation? Yes No

If no, why not?

SECTION 4

Do you or any of the people living with you as part of your family have any special circumstances that we should consider when making our decision? *Please give details below.*

Elderly people, particularly those with restricted mobility or those who experience difficulty in carrying out personal tasks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
People with learning difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
People with mental health problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Physically disabled people including those with a sensory impairment, e.g. hearing difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
People who have misused alcohol, drugs or other substances	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ex offenders who are undergoing resettlement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
People without a settled way of life who are undergoing resettlement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Families under exceptional pressure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Young people leaving local authority care	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Young people who are unable to live at home	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Have you or a member of your family any health problems or disabilities?
Please give details and provide supporting evidence e.g. a doctors letter.

Does your health problem/disability make it harder for you to meet the shortfall in your rent/council tax or move to other accommodation? *Please give details*

Please explain how the shortfall in your rent affects you or members of your family?

Do you have relatives/friends in the local area that provide support to you and your family? Yes No

If yes please give further details

Do you provide support or care for anyone in your local area? Yes No

If yes please give further details

Do you have any other adults living with you e.g. adult children, parents, friends, other relatives? Yes No

If yes how much do they contribute towards the rent and other household bills?

Name of person	Amount	Frequency of payment

If your application is successful, how do you intend to pay your rent once the DHP has ceased?

Is there anything else that you would like us to take into account?

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			
Housing Benefit			
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)			
TOTAL			

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			
Secured Loans			
Court fines			
Non-priority payments			
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)			
TOTAL			

Please complete the box below

TOTAL INCOME

£

TOTAL EXPENDITURE

£

If your expenditure does not exceed your income then a DHP cannot be paid.

You may be asked to supply evidence of your expenditure.

Please provide 2 months bank statements with this application form.

SECTION 5

I wish to apply for Discretionary Housing Payment for help with my rent.

The date I would like it to start is: _____

If the start date is before today please advise why you did not apply for a Discretionary Housing Payment earlier:

How long do you need this help for: *Please give details below.*

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 Reduction 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

/ /

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Disabled Adaptations list

Rails	Floor to ceiling pole Galvanised rails Grab rails Newel rails Hand rails Stair handrails
Kitchen and Bathrooms	Window opening equipment (non electric) Single wheelchair height work surface Wall cupboard lowered Drop down basket in cupboards Lever taps Shower over bath Wheelchair accessible basin Fixed toilet frame Raised toilet
Access	Level door threshold Short concrete ramp/flag alterations Step alterations Internal door changed e.g. sliding door Internal door widening (1 only) Door entry intercom (plus latch release)
Visual/ Hearing Impairment	Additional lighting Flashing/amplified doorbells Vibrating flashing smoke alarm alerts
General and Safety matters	Raised electric sockets/switches Secure fencing
Bathroom Fittings and Alterations	Level access showers (Wet room) Low level shower tray Wash/dry W.C.
Kitchen Fittings and Alterations	Kitchen unit adaptations Low height surfaces including low sink Full wheelchair accessible kitchen
Providing front or rear access to homes, rooms and facilities	Ramps with level platform plus threshold Stair lifts Through floor lifts External widening doors/multiple internal doors Powered door opener Powered window opener Ground floor bathroom and/or bedroom extension
Street to property access	Drop kerb and hard standing Exterior platform lift Ceiling track hoist

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