

Application Discretionary Housing Payment and or Discretionary Council Tax Reduction



MILTON KEYNES
COUNCIL

Use this form if you are applying for discretionary help with Council Tax and/or help with your rent. Please complete the form in full and answer all of the questions.

Once you have completed all the questions you can, you should submit the form so we can begin to process it straight away.

Please note

1. The Discretionary Council Tax Reduction (DCTR) is to help Council Tax payers who need extra help with their Council Tax bill that cannot be met through the main Council Tax Reduction Scheme.
2. Discretionary Housing Payments (DHP) give extra help to people who receive Housing Benefit or Universal Credit with a Housing Element, but the amount they receive does not cover the rent in full.
3. You must supply two months bank statements

Initial questions

- Do you have savings or investments of more than £3000? No
Yes
- Are you finding it difficult to manage because your income does not cover all your outgoings? No
Yes

Do you need help with

Your rent

No

Yes

Your Council Tax

No

Yes

About you

Benefit claim number (if known)

Surname or family name

Other names

Address, including room number if you have one

Postcode

Date of birth - DD/MM/YYYY

National Insurance No.

Telephone Numbers

Home number

Mobile number

Email address

- Do you wish to apply for extra help with your rent (DHP)? No
Yes

Are you, or your partner, if you have one?

Disabled No A carer No
 Yes Yes

Is anybody living in the household terminally ill? No
 Yes If **yes**, who?

Is the property adapted for a disability? No
 Yes If **yes**, how is it adapted?

Does anyone in the household receive care because of a disability? No
 Yes If **yes**, who receives the care?

 If **yes**, who provides the care?

Is overnight care provided? No
 Yes

Do you or your partner provide care for someone who does not live with you? No
 Yes If **yes**, who receives the care?

 If **yes**, who provides the care?

 How many hours a week is
 care provided?

Additional Questions

Do any of the following apply to you or your household? Tick all that apply.

- High outgoings due to disability
- Mental health issues
- Severe financial pressure
- Personal crisis or difficult event
- Young person leaving care
- Other reason

Please detail the other reasons:

Are there any recent or future changes affecting you or a member of your household that we should take into account? No
 Yes

(e.g. starting/stopping work, a change in your household, bereavement).

Please give details:

Please give any details you think will help support your request for a discretionary payment.

How much money do you have in a bank or savings account? Bank accounts:
 Savings accounts:

Do you have any savings or other financial investments? No
 (e.g. another property / land or shares) Yes

If **yes**, please detail below:

Type / Organisation	Amount

Can anyone else help you financially (e.g. family and friends)? No
 Yes

If **yes**, please give details:

Are you (or your partner) able to work? No
 Yes

What efforts are you or your partner making to find work or increase your hours?

Why are you unable to work?

Are you undertaking any voluntary work? No
 Yes

If **yes**, please give details:

How many other people are living with you?

Name	Age	Relationship to you	Employment status

Can any of these people contribute towards your bills? No
 Yes

If **yes**, please tell us who

How much can they contribute?

How often can they contribute?

Have you had or are you seeking professional advice to help you manage your finances? No
 Yes

If **yes**, please give details:

Have any budgeting plans been set up for you? No
 Yes

If **yes**, you may be requested to send in a copy of the plan(s)

Please give details regarding your income and expenditure for the whole household. Enter the amounts and the period to which they apply for the whole household.

Income	Amount	Frequency
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Your take home pay - *if applicable*

Your partner's take home pay - *if applicable*

Do you receive any income from pensions? No Yes

State Retirement Pension

Work pension

Pension Credit

Partner's State Retirement Pension

Do you receive any income from benefits? No Yes

Jobseeker's Allowance

Employment and Support Allowance

Income Support

Universal Credit

Child Benefit

Disability Benefit (DLA or PIP)

Tax Credits

Housing Benefit

Council Tax Reduction

Do you receive any other income? No Yes

How many other sources of income do you have?

Name of other income	Amount	Frequency

Are any amounts being deducted from your benefits? No Yes

How many benefits have a deduction?

Benefits	Amount	Frequency	When is it due to end?

Please give details regarding your income and outgoings for the whole household. Enter the amounts and the period to which they apply for the whole household.

Outgoings	Amount	Frequency	When is the last payment due to made?
Rent	<input type="text"/>	<input type="text"/>	
Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other loan secured on house	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ground rent	<input type="text"/>	<input type="text"/>	
Service charge	<input type="text"/>	<input type="text"/>	
Endowment	<input type="text"/>	<input type="text"/>	
Council Tax	<input type="text"/>	<input type="text"/>	
Fuel - Gas	<input type="text"/>	<input type="text"/>	
Fuel - Electricity	<input type="text"/>	<input type="text"/>	
Fuel - Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Your fuel costs are high, explain why:
Fuel arrears payments	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water rates	<input type="text"/>	<input type="text"/>	<input type="text"/>
			The amount is high, explain why:
Water rates arrears payments	<input type="text"/>	<input type="text"/>	<input type="text"/>
Buildings and contents insurance	<input type="text"/>	<input type="text"/>	
Repairs and maintenance of property	<input type="text"/>	<input type="text"/>	<input type="text"/>
			The amount is high, explain why:
Repairs / Replacement of household items	<input type="text"/>	<input type="text"/>	<input type="text"/>
			The amount is high, explain why:
TV Licence	<input type="text"/>	<input type="text"/>	
Hire Purchase - Car	<input type="text"/>	<input type="text"/>	
Hire Purchase - Other	<input type="text"/>	<input type="text"/>	
Child maintenance paid	<input type="text"/>	<input type="text"/>	
Student Loan	<input type="text"/>	<input type="text"/>	
Food and household essentials			
Food	<input type="text"/>	<input type="text"/>	<input type="text"/>
			The amount is high, explain why:
			<input type="text"/>

Outgoings

Amount

Frequency

Food and household essentials - continued

Toiletries

Cleaning and laundry

This amount paid out for household items is unusually high, explain:

Meals at work

Pet food

Clothing and footwear

Clothes

This amount paid out for clothing is unusually high, explain:

Shoes

Other

Travel

Public transport

Car tax

Fuel

Vehicle insurance

Vehicle services, repairs and MOT

Hire purchase / loan for a vehicle

Other travel expenses

This amount paid out for travel is unusually high, explain:

Insurance and Pensions

Appliance insurance

Appliances Covered:

Life insurance

Holiday insurance

Pension contributions

Buildings contents

Pet insurance

House insurance

Other insurance

Events

Birthdays

Christmas and other festivals

Other

Outgoings

Amount

Frequency

Phones and Internet

Mobile phones

This amount paid out for mobile phones is unusually high, explain:

Internet and telephone

This amount paid out for household Internet and telephone is unusually high, explain:

TV and phone package

Health

Dental / Optician

Health insurances

Prescriptions

Hairdressing

Other

Leisure

Going out

Takeaways / Eating out

Holidays

Newspapers / Magazines / Books

Memberships

Subscriptions

Cigarettes

Alcohol

Credit store cards and other debts

Credit card repayments

Catalogue payments

Store card repayments

Magistrates court fines

Other loans

With which companies?

Total owed on store cards and other debts

People

Payments to student children

Gifts to others

Charitable donations

Outgoings

Do you pay out any other money? No Yes

Use this section to record any money you have going out for anything not already listed - for example, tax or National Insurance if you are self-employed.

How many other types of outgoings do you have?

Name of other outgoing	Amount	Frequency

Is there any additional necessary outgoings you have to pay out because you or your partner is disabled? No Yes

Such as special diets, extra heating, additional laundry costs or other medical / hygiene related costs.

If **yes**, please provide details of these expenses:

TotalsTotal weekly income £ Total weekly outgoings £

If your expenditure does not exceed your income, then a discretionary payment is unlikely to be awarded.

P Proof Details

You may be asked to provide evidence of your outgoings.

Please supply (by post or email) a copy of your last two months bank statements - do not delay submitting this application if you do not have copies available now however you should send them in as soon as possible.

Email: DHPbenefits@milton-keynes.gov.uk

Post: Benefits Service,
Milton Keynes Council,
Civic Offices,
1 Saxon Gate East,
Milton Keynes
MK9 3EJ

Declaration

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

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

Data Protection Privacy Notice

We collect and use information about you to help us decide whether we can award a discretionary payment under the Discretionary Financial Assistance Regulations 2001 and the Local Government Finance Act 1992.

Full details about how we use this data and the rights you have around this can be found at www.milton-keynes.gov.uk/privacy. If you have any data protection queries, please contact the Data Protection Officer at data.protection@milton-keynes.gov.uk.

Applicant
confirmation

Date

Partner
confirmation

Date

Have you completed this form on behalf of the applicant? No Yes

If **yes**, please tell us your name, relationship to the applicant and reason you have completed the form.

Name of the person who filled in the form

Relationship to the applicant

Reasons for completing the form