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Discretionary Housing Payment - APPLICATION FORM

Name: _____ National Insurance No: _____
 Address: _____ Date of birth: _____
 _____ Daytime phone no: _____
 _____ Reference No: _____

1. Expenditure details

You must provide proof of all your bills. You should declare the average cost per week, month or quarter.

Item	Cost (£)	Period covered	
Mortgage or rent			
Food			
Household items			
Clothing			
Water Rates			
Electricity			
Gas			
Telephone			
TV Licence			
TV/Satellite costs			Please specify
Insurance(s)			Please specify
Car Insurance(s)			
Road Tax			
Petrol			
Travel costs			Please specify
Other			Please specify
Total			

2. Outstanding loans/hire purchase/credit agreements

Please give details of any amounts to which you have a prior commitment. You should provide proof of all these payments.

Amount of each payment/instalment	Do you pay weekly or monthly	Date of final payment/instalment	Item covered

3. Benefit Penalties

Are you the subject of any reduction in your entitlement to other social security benefits? YES/NO
 If yes, please state the reason for this and provide evidence.

4. Have you attempted to find cheaper alternative accommodation?

YES/NO

If YES, please give details of the accommodation, when you found it and why you were not able to move.

If NO, please give reasons for this.

5. Your accommodation

(i) What was your previous address and why did you leave it?

(ii) How did you find out about your current property and why did you choose this accommodation?

(iii) If you are a private tenant, did you ask for a Pre-Tenancy Determination prior to moving into the property?

YES/NO

(iv) If you are a private tenant, have you tried to negotiate with the landlord to reduce the rent?

YES/NO

If YES, please give proof of the refusal to reduce rent.

(v) If you are a tenant is there a risk that you will be evicted if you do not pay the shortfall?

YES/NO

If YES, please provide proof

(vi) Are you on a Council or Housing Association waiting list?

YES/NO

Have you been offered any properties?

YES/NO

If YES, why did you turn these down?

If you are not on a waiting list why not?

6. Health/disability factors

(i) Are all the members of your household in good health?

YES/NO

If NO, please provide details and supporting medical evidence.

(ii) Has the property been adapted in any way?

YES/NO

If YES, please give details

7. Income details

So that we can confirm that we are using the correct income details to process your claim please confirm the following.

	Weekly amount	
Your wages/salary		
Your partners wages/salary		
Child Tax Credit		
Working Tax Credit		
Child Benefit		
Income Support or Jobseekers Allowance		
Retirement Pension		
Other Benefits		Please specify
Other Pensions		Please specify
Other Income		Please specify
Total savings		

Please use this space to give any details which make it impossible for you to move to alternative, cheaper accommodation or any other information that you feel is relevant to your claim for Discretionary Housing Payment.

Declaration - Don't forget to sign and date this claim form

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they must sign this declaration as well. Please read this declaration carefully before you sign and date it.

I/we understand that:

If I/we give information that is incorrect or incomplete, or fail to report any changes which may affect my/our benefit entitlement, you may take action against me/us. I/we may be prosecuted.

I/we understand that:

Nottingham City Council is the data controller for the purposes of the Data Protection Act 1998.

I/we agree that:

You will use the information I/we give in this form and in any supporting evidence I/we send to you, to process my/our claim for a Discretionary Housing Payment.

I/we understand that:

You may pass the information to other agencies or organisations such as the Department of Works and Pensions, the Employment Service, the Home Office and the Inland Revenue, as allowed by law.

I/we agree that:

Under the Local Government Act 2000, Section 94, you may check and share information I/we have provided, or information provided about me/us by someone else, with other information held by other sections like the Council Tax section, other departments within Nottingham City Council and other Councils to ensure the provision of an effective and efficient service. I/we understand that the authority will share the information unless I/we specifically notify the Authority in writing that I/we do not agree to this clause. Any objection to this clause will not affect my/our entitlement to Housing/Council Tax Benefit.

I/we understand that:

You may also ask other agencies, organisations, local authorities or government departments, to give you information they have about me/us to:

- Make sure the information is accurate;
- Prevent or detect crime; and
- Protect public funds

I/we understand that:

You will not give information about me/us to anyone else, or use information about me/us for other purposes without my/our authority, unless the law allows you to.

I/we agree that you may pass information about me/us to other departments of the City Council who may have services which may be of benefit to me/us.

I/we know you may visit me/us when you have received this form.

I/we know I/we must let the council know about any changes in my/our circumstances which might affect my/our claim.

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

I/we declare that I/we have read and fully understand the declarations.

Signature of person claiming

Partner's signature

Date