



Application for a Discretionary Housing Payment

Name :

Address:

Benefit Reference: Tel No:
(optional)

Email address: (optional)

If you are struggling to pay your rent you may wish to seek independent legal housing and/or debt advice. You may also wish to seek assistance in completing this form.

1. Did you enquire about the Local Housing Allowance rates or spare room subsidy (bedroom tax) before moving into your accommodation? If no, please explain why.

.....
.....
.....
.....

2. Could you afford the rent when you moved in?

Yes No

3. Have you considered moving to cheaper / smaller accommodation?

Yes No

Give reasons for either answer including reasons why you have not yet moved:

.....
.....
.....

4. Have you considered other accommodation for example Housing Association properties and what steps have you taken to find alternative accommodation?

.....
.....
.....
.....
.....
.....

5. Are you registered with Choice Based Lettings and if so have you placed any bids for alternative accommodation?

Yes

No

6. For what reason(s) was your bid unsuccessful?

.....
.....

7. If you are a private tenant have you asked your landlord about reducing your rent?

Yes

No

If yes, please confirm the outcome, if no please explain the reason why not.

.....
.....
.....
.....

8. Are you in arrears with your rent?

Yes

No

If yes, by how much? £ Please provide proof.

9. Has your landlord started action to recover the arrears?

Yes

No

If yes, please provide proof. If no, please explain why not.

.....
.....
.....
.....

10. How much notice do you have to give your landlord should you vacate?

.....

11. Why did you choose to live at your current address?

.....
.....
.....
.....

12. Does your landlord provide any special facilities?

Yes

No

If yes, please give details

.....
.....

13. Has the property been adapted in any way and if so, for whom. What adaptations have been made, when were they made and who paid for the adaptations?

.....
.....
.....
.....
.....

14. Do you or anyone else who lives with you have any disabilities or health issues? Please give details.

.....
.....
.....

15. Does your/their disability/health issue affect your choice of accommodation?

Yes

No

If yes, give details.

.....
.....
.....

16. Do you, or does anyone in your household, receive the mobility component of Disability Living Allowance or PIP?

Yes

No

If yes, are there additional mobility expenses that are incurred due to the disability? Please give details and amounts.

.....
.....
.....

17. If you receive the mobility component is it paid direct to Motability Finance for a car?

Yes

No

If yes, how much of your DLA mobility goes towards a car? £

18. Do you, or does anyone in your household, receive the care component of Disability Living Allowance or the daily living allowance of PIP?

Yes

No

If yes, are there additional care expenses that are incurred due to the disability?
Please give details and amounts.

.....
.....
.....

19. Are there ever any one-off expenses incurred due to the disability?

Yes

No

If yes, please give details.

.....
.....
.....

20. Have you contacted the Citizens Advice Bureau or any other voluntary/statutory organisation or your Landlords Welfare Benefits Officer (if they have one) to make sure you are claiming all the benefits you are entitled to? If yes, what advice did they give you?

.....
.....
.....

21. Have you contacted any debt counselling or debt support agency to request help and advice with money management? If yes, what advice did they give you?

.....
.....
.....

22. Do you have any friends or relatives who could help you financially?

Yes

No

23. Are there any other adults who live with you other than your partner?

Yes

No

DECLARATION

Using your personal information

We will process your personal information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. We may use your personal information in a number of ways, but only for the purposes for which it was given, for example to provide you with the information or services requested or to administer and protect public funds.

We may share your information with, and obtain information about you from, other departments of the Council or other organisations where it is lawful to do so, for example to check the accuracy of information or to prevent or detect crime.

For further information on how we collect, use, share, secure and retain your personal information, and your legal rights, please see our Privacy Notice at www.scarborough.gov.uk/gdpr or by contacting Customer First. Our Data Protection Officer can be contacted at the Town Hall, St Nicholas Street, Scarborough, YO11 2HG (tel 01723 232323) or email dataprotection@scarborough.gov.uk.

I have read and understood the above declaration.

I confirm that the information I have given in this statement is true.

I undertake to:

- Inform the Benefits Office immediately if there is any change in my circumstances that may affect any Discretionary Housing Payment I have been awarded.
- Repay any amount of a Discretionary Housing Payment I have been overpaid.

Your Signature : Date :

Please return this form to your local Council's Benefits Service at:

Benefits Office, PO Box 148, Scarborough Borough Council, Town Hall, St Nicholas Street,
Scarborough, YO11 2ZH

Please ensure you provide evidence of your expenses

We need to see evidence of your regular payments towards utilities (gas, electric, water rates) and other expenses such as telephone, insurances, store/credit cards, catalogue, loans/HP and fines. Failure to provide evidence of your expenses may result in a delay in your application being decided.

SCARBOROUGH BOROUGH COUNCIL

DISCRETIONARY HOUSING PAYMENT APPLICATION

YOU AND YOUR PARTNER'S WEEKLY INCOME & EXPENDITURE STATEMENT

Your weekly income	Amount (£)	Claim ref no:
-----	-----	Please include income from employment (including overtime, commission and bonuses), state benefits, Housing Benefit, maintenance, pensions, Tax Credits, child benefit, Universal Credit etc.
-----	-----	
-----	-----	
-----	-----	
-----	-----	
-----	-----	
Total Income	£ _____	

If other adults live with you, other than your partner, how much do they contribute towards the expenses given below (refer to Question 16 on this form).

£ _____

Weekly expenditure Column 'A'	Weekly amount (£)	Column 'B'	Weekly amount (£)
Rent	-----	Life insurance	-----
Council Tax	-----	House insurance	-----
Water rates	-----	TV Licence/TV rental	-----
Electricity	-----	Store cards/credit cards	-----
Gas/other fuel	-----	Catalogue	-----
Telephone	-----	Loans/hire purchase*	-----
Food	-----	School expenses (specify)	-----
Washing/Cleaning Items	-----	-----	-----
Clothes/shoes	-----	Fines/court orders	-----
Medical/Prescriptions	-----	Deductions from benefits	-----
Public transport	-----	Maintenance	-----
Motoring costs	-----	Pension contributions	-----
Other (specify)	-----	Other (specify)	-----
Total carried forward			
To Column 'B' -----		Total Outgoings -----	
Total Weekly Income		£ -----	
Total Weekly Outgoings		£ -----	
Balance		£ _____	
Do you or your partner have any savings?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

* Provide your loan / HP agreement

PLEASE PROVIDE PROOF OF EXPENDITURE