

Application for Discretionary Housing Payment (DHP) Additional help to pay your rent

FOR OFFICE USE ONLY
Claim number:
Reason for issue:
Date issued:
Date received:



Important - Please fill in this form in black ink.

You can get this form in larger print or in Welsh if you ask us.
Mae'r furflen hon ar gael yn Gymraeg ar gais.

You must fill in all sections of the form and answer every question by putting a tick in the yes or no box. You must return this form immediately if you do not you could lose benefit. You must send the evidence we ask for, these must be the original documents, photocopies cannot be accepted. Please send in all the proof you can with the form, if you do not have the proof to send in you must return the form straight away and send in the proof needed within one calendar month of you returning the form. You must tell the Benefits Section immediately in writing at the above address of any changes in your circumstances or that of your household. If you need help to complete this form please contact the Benefits Section.

Section one

Your name

Date of birth / / National Insurance No.

Your address

Post code

Telephone Number

Please return this form to:-

If you live in the Port Talbot area

**Director of Finance and Corporate Services,
Civic Centre, Port Talbot, SA13 1PJ
For benefit enquiries relating to the
Port Talbot Borough Area, please
phone 01639 763454.**

If you live in the Neath or Upper Lliw Valley areas

**Director of Finance and Corporate Services,
Civic Centre, Neath, SA11 3QZ
For benefit enquiries relating to the
Neath Borough and Upper Lliw Valley Area,
phone 01639 686838.**

Section two - Expenditure / Outgoings

Outgoings	Amount	Please state if this amount is weekly or monthly
Rent	£	
Mortgage	£	
Ground rent	£	
House insurance	£	
Water rates	£	
Gas	£	
Electricity	£	
Council tax	£	
Food (including cleaning materials, toiletries etc)	£	
Television rental	£	
Television licence	£	
Telephone	£	
Mobile telephone	£	
Car: Approximate value of car	£	
Petrol	£	
Insurance	£	
Tax	£	
Loan	£	
Bus fares	£	
Childcare charges	£	
School dinner money	£	
Clothes	£	
Fines	£	
Other: please specify -----	£	
Other: please specify -----	£	
Other: please specify -----	£	

Are you currently paying off arrears in any of the following which have not been included in the above figures?

Yes No

If yes please complete the boxes below **and provide proof of the debts.**

Creditor	Debt outstanding	Amount	Please state if this amount is weekly or monthly
Gas	£	£	
Electricity	£	£	
Water rates	£	£	
Council tax	£	£	
Rent	£	£	
Housing benefit overpayment	£	£	
Other: please specify -----	£	£	
Other: please specify -----	£	£	
Other: please specify -----	£	£	

Additional Information

Please use the space below if you want to provide any further information.

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Section three

1 For what dates do you want to apply for a DHP?

From/...../..... To/...../.....

2 How much help do you think you need?

£ weekly for rent

(remember we can only pay up to the difference between your rent and the benefit you are entitled to)

3 Could you afford the rent when you moved in?

Yes No

If yes please state how you could afford it?

Answer:
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If no please state how you were going to find the money to afford it?

Answer:
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4 Why did you leave your previous address?

Answer:
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5 Do you have any rent arrears?

Yes No

If yes please tell us

How much your arrears are £

What period do they cover?

From/...../..... To/...../.....

6 Has your landlord taken action to recover the rent?

Yes No

If yes please state what action and provide proof

Answer:
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7 Have you asked your landlord if he will reduce the rent?

Yes No

If yes what did the landlord say?

Answer:
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If no please state how you are going to find the money to afford it?

Answer:
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8 What efforts have you made to find another property with a rent you can afford to pay?

Answer:
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9 Is there anything stopping you moving to more affordable accommodation?

Answer:
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10 What steps have you taken, or intend to take to help your financial problems?

Answer:
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11 Are your circumstances likely to change in the future?

Yes No

If yes please state what is likely to change.

Answer:
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12 Can you get help to pay your rent from someone else? For example from family or friends or other people who may live with you? if you can please state how much help you could get.

Answer:
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13 Have you or your family any health problems which affect where you live, the type of accommodation you live in or the number of bedrooms you require?

Yes No

If yes please state reasons

Answer:
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14 Has your property been altered or adapted in any way to accommodate a disability?

Yes No

If yes please how

Answer:
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15 Do you have any health or disability problems that mean you need overnight care?

Yes No

If yes please provide reasons for your overnight care, how often you receive overnight care and the name and address of your carer

Answer:
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16 Have you contacted The Housing Options Team for help or advice on your housing needs?

Yes No

If No you may wish to contact them on telephone number 01639 685219.

