

**Discretionary Housing Payments**

Are you finding it difficult to pay your rent? If you are, you may want to apply for a Discretionary Housing Payment.

**What are Discretionary Housing Payments?**

They are not payments of benefit. They are extra payments we can make for a short while to help you pay your rent. The payments are funded from a limited annual budget. The following items cannot be counted when we calculate an award for a Discretionary Housing Payment:

• Ineligible service charges for example include personal use of heating, lighting, hot water and water rates,

• Charges for water, sewerage and environmental services,

• Increases in rent due to outstanding rent arrears,

• When there is a reduction in benefit due to a sanction being applied, we would assume that you were receiving the money for the purpose of calculating any Discretionary Housing Payment.

**Who can apply?**

You can if you receive less than full Housing Benefit or less than full Housing Element of a Universal Credit award. Simply complete the attached form and return it to us. When you complete form with details of your income and expenditure, please list the ***weekly*** amounts you receive/pay out.

**How will I hear about the decision?**

We will write to you to give you a decision, normally within 14 days of receiving your application and all supporting information.

**How much will I get?**

We cannot guarantee that by applying for help you will receive it. The most we will give you is the difference between the Housing Benefit or Universal Credit Housing Element you already get and your weekly eligible rent

**How long will payments be made for?**

It depends on your circumstances and available funding. Because the amount of money available is limited, anyone who is awarded a Discretionary Housing Payment cannot be guaranteed to be reconsidered for any further payments when their Discretionary Housing Payment period ends.

**What if I disagree with the decision made?**

There is no formal right of appeal. However, if you write to us within one month of receiving your decision letter, telling us the reasons why you disagree with us, we will review your application.

You can get money advice from the following organisations:

**Tamworth Advice Centre**

Marmion House

Lichfield Street

Tamworth Tel 0300 330 9002 [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

**Tamworth Community Action Network**

1 King Street

Tamworth Tel 01827 768809 [www.tamworth.gov.uk](http://www.tamworth.gov.uk)

**National Debt line** Tel 0808 808 4000 [www.nationaldebtline.co.uk](http://www.nationaldebtline.co.uk)

**To contact us you can;**

* Phone the Customer Services Team on 01827 709540
* Email [benefits@tamworth.gov.uk](mailto:benefits@tamworth.gov.uk)
* Make an appointment to call in to see the Customer Services Team at Marmion House, Lichfield Street, Tamworth, B79 7BZ

**Application for a Discretionary Housing Payment Personal**

Name(s) .................................................................................................................................

Address...................................................................................................................................

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

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

Benefit Reference ……………………...……

Phone Number ………………….………..

# Section A: Your Income and savings

1. Please list below all of your *weekly* income

Weekly Income Weekly Amount

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Do you have any capital? e.g Bank/Building Society accounts, National Savings accounts, stocks and shares, land and property including timeshare or investments

Yes No

1. If you are doing any work whilst claiming any other benefits please give details of your weekly income and provide proof.

**Section B – Your Weekly Outgoings**

|  |  |
| --- | --- |
| **Expenses** | **Weekly amount** |
| Rent |  |
| Council Tax |  |
| Water Rates |  |
| Electric |  |
| Gas |  |
| Other Fuel |  |
| Food |  |
| Telephone/Internet |  |
| Travel (please specify) |  |
| TV licence |  |
| Pet Food |  |
| Newspapers |  |
| Drinks/cigarettes |  |
| Leisure |  |
| Child's Pocket Money |  |
| School Meals |  |
| Clothing |  |
| Medical costs |  |
| Catalogue Payments |  |
| Bank Loans |  |
| Credit Card Payments |  |
| Maintenance |  |
| Child Care Fees |  |
| Fines |  |
| Buildings Insurance |  |
| Contents Insurance |  |
| Life Assurance |  |
| Pension Contributions |  |
| Social Fund Payments |  |
| Mobile Phone |  |
| Loans |  |
| Car Insurance |  |
| Road Tax |  |
| Car MOT |  |
| Vet Bills |  |
| TV/DVD rental |  |
| Cable/Satellite TV |  |
| Pet Insurance/ Expenses |  |
| Payments you make to a Carer |  |
| Other (please specify) |  |

**Only reasonable expenses will be taken into account.**

**You may be asked to provide proof of any of these outgoings.**

## If you are a Council Tenant please go to Section D

# Section C: Your Rent

\* (delete as necessary)

4. Please state the full weekly/monthly rent you have to pay

5. Does this figure include an amount for arrears? Yes/No\*

6. Before you took on the tenancy :-

Did you ask the Benefits Office how much Housing Benefit you may receive?

Yes/No\*

7. Have you tried to negotiate your rent with the landlord? Yes/No\*

If yes, please advise us of the outcome

If no, please tell us why not

8. Have you looked for cheaper accommodation? Yes/no\*

If yes please tell us the outcome

If no, please tell us why not

Are you on the Council’s Housing Waiting List? Yes/No\*

If yes, please give your bidding number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, please give your reasons for not being on the Housing List:

Are you registered with any Housing Associations for accommodation? Yes/No

If not, please give your reasons for not registering for suitable accommodation

**Section D: Discretionary Housing Payment**

9. How much help per week would you like with your rent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why?

10. Do you have any unusual or irregular expenses that make it harder than normal to meet the shortfall in your rent payments?(e.g travel to hospital) Yes/No\*

If yes please explain

11. What action are you taking to reduce the problem and meet your housing costs in the long term?

12. Is anyone in your household unable to share a bedroom because of a disability?

Yes/No\*

13. If Yes, please confirm the reason why they need a separate bedroom. You will be asked to provide evidence to confirm this.

**If you rent your property from a Housing Association or a Private Landlord, please provide details below of the Bank or Building Society account that Discretionary Housing Payments, if awarded, should be made to.**

Bank/Building Society name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sort Code \_\_\_\_\_\_\_ \_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

Please read this declaration and sign below if you would like to apply. I understand that:

• if I give information which is incorrect or incomplete, you make take action against me, including prosecution,

• you will use the information I have provided to process my claim. You may check some of the information with other council departments or the Department for Work and Pensions.

• you may use any information I have provided in connection with this and any other claim for social security benefits I have made or may make. You may give some information to other government organisations, if the law allows this. My partner (where appropriate) agrees to me making this application for both of us.

Signed:…………………………………………..………….. Date:……………………..…………..

Please return this application form as soon as possible to:

The Benefits Team

Tamworth Borough Council

Marmion House

Lichfield Street

Tamworth

B79 7BZ

Tel 01827 709709

Email: [benefits@tamworth.gov.uk](mailto:benefits@tamworth.gov.uk)

Website: [www.tamworth.gov.uk](http://www.tamworth.gov.uk)