



Discretionary Housing Payments (DHP) application form

What is the DHP scheme?

The scheme is intended to help those who have special circumstances and need extra help with rent. It's available to people who are getting housing benefit but do not receive the full amount of their rent and have a shortfall. It's usually considered on a short-term basis.

These payments are discretionary and each case is considered individually. We cannot award DHP for some of the charges included in some rents such as water, fuel and food.

DHP can also be considered for rent in advance or rental deposits in some circumstances. You will need to provide evidence of this.

What will I need as proof?

We will need to see...

- Evidence to support all details on the income and expenditure form.
- If you have a bank account we will need two full consecutive months statements for all bank/building society/post office accounts held, whether or not they have any money in them.
- Evidence of any other savings or investments including premium bonds, shares, ISAs etc.
- Any other evidence you feel is relevant to your application.
- If you do not supply this information, we may not be able to consider your application.

If you would like help to complete this form please contact us on **0344 980 3333** or email **benefits@norwich.gov.uk**.

For more advice with budgeting, debt and moving contact:

| | | |
|-------------------------|--|------------------|
| Norwich Home Options | www.norwichhomeoptions.org.uk | t: 0344 980 3333 |
| Citizens Advice Bureau | www.norwichcab.org.uk | t: 0844 4111 444 |
| StepChange Debt Charity | www.stepchange.org | t: 0800 138 1111 |
| National Debtline | www.nationaldebtline.co.uk | t: 0808 808 4000 |
| Shelter | www.shelter.org.uk | t: 0844 515 1860 |

Your details

| | | |
|-------------------------|---------------|---------|
| Claim number (if known) | | |
| Title | First name(s) | Surname |
| Telephone number | | |
| Email address | | |
| Your address | | |
| Postcode | | |

Are you applying for help with your rent deposit?

Yes No

If yes, how much money do you need towards your deposit?
(you will need to supply evidence of this)

Do you have any other resources to pay your deposit?

Yes No

If you have answered no to the above question, please complete the remaining sections of the form.

| |
|--|
| What steps have you taken to find alternative accommodation? |
|--|

Are you registered for Norwich Home Options?

Yes No

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|--|
| Are there any reasons why you cannot move (please include school addresses, caring needs etc)? |
|--|

Other information

Is anyone in your household pregnant?

Yes No

If you have answered yes to the above, when is the baby due?

Do you or any member of your household have any disabilities, health problems or special needs that may prevent you from moving? Please give full details, including whether these are permanent or temporary.

Has your home been adapted for the needs of a member of your household?
Please give full details.

If you and your partner have any other persons over 18 living with you how much do they contribute toward the rent and household bills?
If they do not contribute, please tell us why.

As DHPs are usually only paid for a short period of time what action are you taking to meet your housing costs on a long-term basis?

If you have contracts for satellite/cable, mobile phones, internet, or other similar bills, please give the date the contracts started and details of how long you are committed to each.

Are you seeking help from any debt advice agencies?

Yes No

Please provide any other information you feel is relevant to this application (this should include details of jobs/extra hours applied for, alternative properties viewed/applied for, reason for needing extra rooms etc) or any anticipated changes due to happen in the next 26 weeks.

| Please list all bank/building society/post office accounts | Account number | Current balance |
|--|----------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Expenses

Please give details of the weekly expenses of your family and provide evidence of each (eg bills, receipts)

| | | | |
|---------------|---|---|---|
| Water rates | £ | Clothing | £ |
| Gas/oil | £ | TV license | £ |
| Electricity | £ | Launderette | £ |
| Internet | £ | Hire purchase - <small>please provide details</small> | £ |
| Telephone | £ | Travel | £ |
| Groceries | £ | Child care | £ |
| Prescriptions | £ | | |

Arrears/outstanding debts

| | Outstanding amount | Payment agreed | Frequency (eg weekly/ monthly) |
|-----------------|--------------------|----------------|--------------------------------|
| Gas | £ | £ | |
| Electricity | £ | £ | |
| Water | £ | £ | |
| Maintenance/CSA | £ | £ | |
| Bank loan | £ | £ | |
| Credit card | £ | £ | |

Other expenses and debts (not listed above).

Please give details here.

You will need to supply evidence of any outstanding debts listed above. If evidence is not provided we may not be able to consider these expenses.

The information I have provided is correct to the best of my knowledge and I understand that giving false information is an offence for which I may be prosecuted.

Please return this form to: Benefits, City Hall, Norwich NR2 1NH

Signed

Date

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If you require this form in another language or format, eg large print, CD or audio cassette or Braille, please call 0344 980 3333 or email info@norwich.gov.uk