

**DISCRETIONARY HOUSING PAYMENT (DHP)
APPLICATION FORM**

Important: Housing Benefit or the housing element of Universal Credit must be in payment to be considered for a DHP

Your details

Full name	
Address	
Email address	
Contact number	
Housing benefit reference number	
Preferred method of contact	

If someone is helping you complete this application please provide their details

Full name	
Organisation / address	
Email address	
Contact number	
Relationship to you	

What do you need help with? Please tick as appropriate

Bond payment	<input type="checkbox"/>	Complete sections (1) (5) (6)
Removal costs	<input type="checkbox"/>	Complete sections (1) (5) (6)
Shortfall in housing benefit	<input type="checkbox"/>	Complete sections (2) (4) (5) (6)
Shortfall – repeat application	<input type="checkbox"/>	Complete sections (3) (4) (5) (6)

(1) Bond and Removal Costs

- Housing Benefit must be in payment to apply for a bond or removal costs
- Will only be considered to help you move to an affordable tenancy
- Only one bond award will be made from the discretionary housing payment scheme
- Bonds are payable directly to the landlord or letting agent
- The landlord or letting agent will then register the bond with a protection scheme
- Removal costs are paid by credit card or bank transfer directly to the removal company
- Two written quotes will be needed for removal costs which should be submitted with this application

Further information

Why are you moving from your current address?
Did you pay a bond on your current address? If yes, we will need to discuss this further
What address are you hoping to move to?
What is the amount of bond required?
How much is the rent?
How many bedrooms in the property?
Do you have any savings? If yes, how much?
Please provide the name and contact information for your prospective landlord or letting agent so we can make arrangements for payment of the bond - if request approved. Name: Company name (if applicable): Telephone number: Email address

(2) Shortfall

Discretionary Housing Payment is an emergency fund established by the Department for Work and Pensions to help alleviate hardship for people whilst allowing time to find alternative solutions with regard to housing or money issues.

What is your reason for making an application?

Is anyone in your household disabled?

If yes, please confirm who, the nature of their disability and what adaptations have been made to the property.

Does anyone in your household have any health issues (including mental health)?

If yes, please confirm who and what their condition is.

Do you anticipate any changes in your income or household during the next 12 months?

If yes, please provide further detail.

Do you currently have any rent arrears?

If yes, please confirm how much and explain how these arrears built up.

What action has your landlord taken regarding the arrears?

(3) Repeat application for a shortfall

We need to understand what steps you have taken to resolve your housing or money issues so please provide as much information as possible.

What letting agencies are you registered with?
What properties have you applied for?
What was the outcome?
Which organisation is currently helping you with budgeting or debt advice?
What action have you taken to resolve your money issues?
When do you anticipate that you will be able to pay the rent shortfall without assistance?
If you have not taken any steps since your previous DHP award please explain why.
Have there been any changes in your household, health or income since your previous DHP award? If yes, provide detail

(4) Financial statement

Number of adults:

Number of dependants:

Please list all income received	Weekly amount

Bank, saving, investment accounts	Current balance

Expenditure	Weekly amount	Expenditure	Weekly amount
Rent		Food and toiletries	
Council tax		Clothing	
Gas		Travel	
Electricity		Phone	
Water		Broadband	
House insurance		Pet	
TV licence		Debt – loans, arrears	
		Hire purchase	

Breakdown of debt/hire purchase

Company	Amount outstanding	Weekly payment	Final payment date

(5) Additional Information

Please use this space to tell us about any more information you feel is relevant to support your application. Use additional sheets if necessary.

(6) Declaration

Please read the following carefully before signing and dating your application

- **I declare that the information I have given on this form is true and complete**
- **I understand that if I knowingly give information that is incorrect or incomplete I may have to repay any award and that I may be liable to prosecution or any other action**
- **I understand that you may contact Government departments such as the Department of Work and Pensions, other Local Authority offices, support organisations and landlord/letting agent to check the information I have given on this form**

Signature:	Date:
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Please scan and email this application to:

welfare.assistance@calderdale.gov.uk

Or post to:

The Revenues and Benefits Service
PO Box 51
Halifax
HX1 1TP