

CLAIM FORM FOR DISCRETIONARY HOUSING PAYMENT

**Return to: BENEFITS OFFICE
INCOME AND DEBT MANAGEMENT
KETTERING BOROUGH COUNCIL
BOWLING GREEN ROAD
KETTERING
NORTHANTS
NN15 7QX**

Name:	
Address:	
Postcode:	

Benefit Claim Reference:

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Discretionary Housing payments are not payments of Housing Benefit. They are stand-alone payments. They will therefore be made in addition to Housing Benefit.

In order to apply for Discretionary Housing Benefit you must

- be in receipt of Housing Benefit; and
- require further assistance in order to meet your housing costs.

SECTION 1

Information about your income and outgoings:

INCOME

	<i>How much</i>	<i>How often</i>
Net wages (you)		
Net wages (partner)		
Self employed earnings		
Income Support		
Jobseekers Allowance		
Retirement Pension		
Private/other pension		
Maintenance received		
Child Tax Credit		
Working Tax Credit		
Child Benefit		
Housing benefit		
Council tax Support		
Any other income		

OUTGOINGS

	<i>How much</i>	<i>How often</i>
Mortgage/Rent		
Council tax		
Gas		
Electricity		
Other fuel bills		
Water rates		
Fines/court orders		
Loans/Hire purchase		
Food/clothing /school meals		
Insurance premiums		
Travel expenses		
Maintenance paid		
Telephone		
Catalogue		
TV rental / licence		
Any other (please list		

PLEASE SUPPLY EVIDENCE OF ALL OUTGOINGS

SECTION 2

ONLY COMPLETE IF YOU ARE IN PRIVATELY RENTED ACCOMMODATION

Information about your housing costs:

How much is your rent each week?

How much do you pay each week?

How much Housing Benefit do you receive?

Has your rent increased since you moved into the property, if so when and by how much?

Have you asked your landlord/landlady to reduce the rent charge?
What outcome if any?

Are you in arrears? If so, by how much?

Please provide evidence of arrears

Have you made any arrangement with your landlord/landlady to clear any arrears?

Has your landlord asked you to leave the property?
If so by what date?

Have you been served with a written notice of Eviction?

Please send a copy

SECTION 3

ONLY COMPLETE IF YOU ARE IN PRIVATELY RENTED ACCOMMODATION

About your accommodation:

Why did you choose this property?

Did you consider any other accommodation?

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If 'yes' please give details below:

Address looked at:

Reasons why unsuitable:

If you did not consider other accommodation please explain your reasons:

Has the property been adapted for disabled persons? If so, please give details:

What was your previous address?

Postcode:	

Did you pay rent at your previous address?

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When did you move to your current address?

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Why did you move address?

Why did you choose your current property?

Did you expect to afford the rent charges when you took on the tenancy at the address you now live in?

SECTION 4

Information about you and your family:

Have you or any of your family got health problems, which mean you have to live at this address?

If yes please give their names and use the space below to tell us what the health problems are, how long they have had the problems and why you/they have to live here.

SECTION 6

Housing Options & Citizen's Advice Bureau (CAB)

- If you would like further assistance with your Housing needs please tick this box
- If you would like further assistance with Budgeting and Money advice please tick this box

Your details will be passed to our Housing Options team and/or CAB who will contact you by phone to arrange an appointment.

If you don't have a phone please state this on page 1 and the housing options team and/or CAB will write to you.

SECTION 7

Your Declaration:

Please read this declaration carefully before you sign and date it.

I understand the following

- this is my claim for discretionary housing payments,
- if I give information that is incorrect or incomplete you may take action against me,
- you may check some of the information with other sources within the council, rent offices and other councils.

I know that I must inform the council **immediately** of any changes in my circumstances, which might affect my claim.

I declare the information I have written on this form is correct and complete.

Signed:

Date:

YOU MUST SIGN THIS DECLARATION. IF YOU DO NOT SIGN THIS DECLARATION THE CLAIM CANNOT BE CONSIDERED.

If someone other than the claimant has completed this form please complete the details below:

Please tell us why you are filling in this form for someone else:

Name of person who filled in the form:

Signature of person who filled in the form:

Relationship to the person applying
(e.g. friend, relative, advisor)