

DISCRETIONARY HOUSING PAYMENT REQUEST

INCOME AND EXPENDITURE FORM

Name:	FOR OFFICE USE ONLY: PIN/CRN: DATE OF ISSUE: DATE RECEIVED:
Address:	
Post code:	
Daytime telephone number: Home: Work: Mobile:	

Discretionary Housing Payments (DHPs) are made from a separate fund with a limited budget and are awarded as a **short term** measure to help claimants in extremely difficult circumstances. To help us decide on your case, we need you to fill in this form, giving details of your income and spending.

Do you need help with your:

- Rent Deposit Rent in advance Removal costs

Please tell us how long you will need this help for:

- Less than 13 weeks 13 weeks 26 weeks One off payment

Please provide details of the reason(s) for your application:

Please tick the box that closely resembles the reason why you are currently suffering financial hardship:

- Size Criteria rule changes in social housing Changes to Local Housing Allowance Benefit Cap Personal circumstances causing hardship

If you have ticked size criteria can you please confirm if you:

- Are a registered Foster Carer Have a property significantly adapted for a disability Have a disabled child

Any other details to support your application:

How much do you need a week and when do you need this from? If you need an award to be backdated, please tell us why you did not claim earlier.

Weekly amount requested: _____ **From:** _____

If you need help with a rent deposit, please advise of the following:

How much is required for your deposit? _____

Are you due to have a deposit or rent in advance of your current tenancy returned to you? Yes No

If yes, when will you receive this? _____

Have you now or in the past received similar assistance through a rent deposit guarantee scheme or anything similar? Yes No

If yes, when did you receive this? _____

If you need help for rent in advance, please confirm the full contractual rent of the property you are intending to move into.

If you need help with removal costs, please tell us how much this will be.

Please tell us the date you moved in/intend to move in and why you chose your home?

Have you or a family member got any health problems or disabilities?

If you incur additional expenses due to health reasons, please state them here.

Please tell us how your accommodation is suitable for you (and your family)

Eg, has it been adapted if you have a disability, or is ground floor accommodation, etc.

Have you tried to find suitable alternative accommodations?

Please give details if you have looked for cheaper or smaller properties.

If you have had a previous DHP award, what steps have you taken to improve your situation since your last application was granted?

Eg, reduced outstanding debts or other outgoings?

Which of the following apply to you? You may tick more than one box.

You need short term help to move into longer term housing of a good standard of repair.

Living in this area means a better chance of retaining or obtaining employment.

You have short term problems what you cannot deal with at the moment.

You have debt problems.

You need help or guidance to find out what other benefits you may be entitled to.

Please state the reason(s) why you fall into the categories above.

Could you afford the rent when you first moved in?

Yes No

Were you aware of the amount of Housing Benefit that could be paid before you moved in?

Yes No

Has this request for a DHP been made as a result of a Home Options interview?

Yes No

Are you related to your landlord?

Yes No

Please list all your income details

Income	Amount (self)	Amount (partner)	How often received, ie, weekly, monthly	Office use only Weekly Amount
Wages/salary (take home pay)				
Income Support				
Job Seekers Allowance				
Child benefit				
Working tax credit				
Child tax credit				
Pension credit				
Employment and Support Allowance				
DLA Care				
DLA Mobility				
Pension - State Retirement				
Pension - Private/Works/Occupational				
Other benefit (please state which)				
Capital, eg, bank/building society accounts				
Money from other adults in the house, eg, son, daughter				
Other income, eg, maintenance (please state where from)				
			TOTAL	£

Please list all your spending

Outgoings (you may be required to provide proof of your expenditure)	Amount £	How often do you spend the money, eg, weekly, fortnightly, monthly, yearly	OFFICE USE ONLY Weekly amount £
Mortgage			
Second mortgage			
Rent shortfall			
Rent arrears			
Council tax			
Gas			
Gas arrears			
Electricity			
Electricity arrears			
Water rates			
Water rates arrears			
Housekeeping (food, etc)			
Clothing			
Maintenance			
Court fines			
Insurance - car			
Insurance - house (contents and buildings)			
Insurance - personal			
TV licence			
TV rental			
Sky or Cable TV			
Internet			
Entertainment			
Travel - bus/train fares			
Travel - taxi fares			

Outgoings (you may be required to provide proof of your expenditure)	Amount £	How often do you spend the money, eg, weekly, fortnightly, monthly, yearly	OFFICE USE ONLY Weekly amount £
Car - finance			
Car - fuel			
Car - road tax			
Telephone - landline			
Telephone - mobile			
Secured loan - Amount owing £			
Credit card - Amount owing £			
Store card - Amount owing £			
Catalogues - Amount owing £			
Other living costs (please specify, eg, child care costs, medical costs etc)			
TOTAL	£		£

Please tell us anything else about why you will suffer financial difficulties without any extra help.

Signed: _____ **Date:** _____

PLEASE RETURN THIS FORM TO:

**Benefit Service
PO Box 8267
Birmingham
B4 7XF**

Tel: 0121 464 7000

Personal Information

Please help us by providing us with the following personal data. It will be used to ensure we are supporting or providing services fairly to all groups of people. These questions are intended to help us find out about that. The information you give us will be treated as strictly confidential. It will only be used for statistical purposes to provide an overall picture of the use and experience of Council's services by different groups. No information which can identify you, such as your name or address, will be used in producing equality reports. You do not have to complete this form or some of the questions if you do not want to, it will not affect your access to this service or how we treat you. Thank you.

1. **Are you:** Male Female Prefer not to say

2. **What is your age group:**

Under 18 18 to 24 25 to 44 45 to 64
65 to 74 75+ Prefer not to say

3(a). **Do you consider yourself to have a disability?**

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Yes No Prefer not to say

3b. **If Yes, please indicate the type of disability or illness you have.** Please tick all those that apply. If none apply please mark 'Other' and give details.

Physical impairment such as difficulty using your arms or mobility issues

Sensory impairment such as being blind / having a serious visual impairment

Sensory impairment such as being deaf / having a serious hearing impairment

Mental health condition such as depression or schizophrenia

Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

Learning disability/difficulty (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder)

Other (please specify):

Prefer not to say

4. Do you have any caring responsibilities?

Yes No Prefer not to say

If yes, do you... Look after children Help someone ill or disabled

5. Please indicate which of these groups you consider you belong to:

A. White

English/Welsh/Scottish/NorthernIrish/British Irish
Gypsy/Traveller Any other White background

B. Mixed/multiple ethnic groups

White and Black African White and Black Caribbean
White and Asian Any other Mixed/multiple ethnic background

C. Black / African / Caribbean / Black British

African Caribbean Any other Black/African/Caribbean Background

D. Asian/Asian British

Indian other Indian Sikh Pakistani Bangladeshi
Chinese Any other Asian background

E. Other ethnic group

Arab Jewish Any other ethnic group Prefer not to say

6. What is your religion?

Jewish Buddhist Muslim Hindu Sikh No religion

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Any other religion, (please state): Prefer not to say

.....

7. Which of the following options best describes how you think of yourself?

Heterosexual or Straight Gay Man Gay Woman/Lesbian
Bisexual Other Prefer not to say

Thank you for completing this form. The information provided will help us to improve our services to you and others in Birmingham