

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

Date sent:

Case ref:

Request for Discretionary Housing Payments and/or Exceptional Hardship Payments

You should supply as much detail as possible so that we fully understand your situation. You will need to tell us about all the money you have coming into your household and all the money you pay out each week/month and provide your last two months' bank statements.

Your application may be held up if you do not supply your bank statements.

Section 1: About Yourself

Name:

Address:

..... Postcode:.....

Date of Birth: National Insurance Number:.....

Please answer all the questions below. If a question is not relevant to your circumstances then please answer "not applicable". Any question not answered may result in the form being returned to you to fully complete.

Section 2: About Your Housing

1. What disabilities, health problems or special needs do you or any member of your family have?
Please provide evidence.

2. Has your property been adapted for you or any member of you family? Yes No
If **yes**, what adaptations have been made to the property?

3. Have you tried to negotiate a lower rent with your landlord? Yes No
(Private tenants only) If **no**, why not? If **yes**, what was the outcome?

4. Have you considered/tried moving to a cheaper or smaller accommodation? Yes No
Please give details or give reasons for not moving.

5. Could you take in a lodger/boarder? Yes No
6. Could a family member(s) contribute to the rent and/or Council Tax? Yes No
7. Could you live with/friends? Yes No
8. How much notice do you have to give your landlord if you want to move?

9. Has there been a death in the household in the past 12 months? Yes No
If **yes**, please give details.

10. Do you have rent arrears? Yes No
If **yes**, how much? **(You must provide proof)**

11. Have you made an arrangement to pay back the rent arrears?

Yes No

If **yes**, give details. If **no**, why not?

12. Has your landlord taken any action against you to recover the arrears?

Yes No

If **yes**, please tell us what action they have taken (**you must provide proof**).

13. If this is a new or recent tenancy, before you signed the agreement did you:

- Seek advice and, if so, from whom?
- Find out the maximum Housing Benefit payable, and if so, from whom?

14. What long term action are you taking to help your problem in meeting your housing costs?

15. If you already received an award of DHP/EHP which is ending and you are re-applying because you still need help with housing costs and/or Council Tax, please explain what action you have taken during the period of your previous award to help your situation.

Section 3: About Your Capital & Savings

16. Please list all of the bank accounts (including Post Office accounts) and other savings and/or invested money that you and your partner (if you have one) have. Please list all single name and joint accounts/savings/investments, even if the accounts are overdrawn or not used very often.

Please provide the latest 2 months' statements for each account.

Your claim will not be processed without them.

State the name of the bank(s) etc and the type of account(s) and the account number(s).

Section 4: Additional Information

17. If you have Sky/cable TV, internet, phone contracts, please give the date your contract started and details of how long you are tied into your current agreement.

18. If you own a car, please detail the make, model, age and registration number.

19. Is the car a motability car? If **yes**, please give details.

Yes No

20. Do you pay for a home help or a carer to come into your home to care for you?

Yes No

If **yes**, please give details.

21. Do you have any non-dependants?

Yes No

If **yes**, how much do they contribute towards the household each week?

22. Have you any debts?

Yes No

If yes, from whom have you sought advice on how to clear the debts? Please give details.

23. **Please use this space** if you wish to explain further why you need extra help with your rent and to tell us anything else about your circumstances which might be relevant to this application even if you think it is not very important.

Section 5: Income and Expenditure

Outgoings	Who do you pay?	Amount	How often is it paid?
Rent (amount not covered by HB or UC Housing costs)		£	
Council Tax		£	
Electricity		£	
Gas		£	
Other (please specify)		£	
Water rates/sewage		£	
TV licence		£	
Satellite, cable rental or digital TV		£	
Home phone		£	
Mobile phone		£	
Internet		£	
Household shopping		£	
Clothing		£	
Home Insurance		£	
Personal Insurance		£	
Pet Insurance		£	
Car Tax		£	
Car Insurance		£	
Petrol/diesel		£	
Car maintenance/MOT		£	
Transport costs (buses and trains)		£	
Maintenance payments paid out for children		£	
Childcare (the amount you pay after Government funding has been deducted)		£	
School expenses		£	
Childrens clubs		£	
Loans		£	
HP payments		£	
Catalogues/shopping clubs		£	
Credit card		£	
Other		£	
Other		£	

Please provide evidence of your outgoings. Photocopies will be accepted.

Income	You	Your partner	How often is it paid?
Net earnings from employment	£	£	
Income Support, Jobseeker's Allowance, Employment and Support Allowance, Pension Credit or Universal Credit	£	£	
Working Tax Credit	£	£	
Child Tax Credit	£	£	
Maintenance/Child Support	£	£	
Child Benefit	£	£	

State Retirement Pension	£	£	
Private Pension	£	£	
Occupational Pension	£	£	
Incapacity Benefit	£	£	
Carers Allowance	£	£	
Disability Living Allowance (care component) OR Personal Independence Payments (daily living)	£	£	
Disability Living Allowance or Personal Independence Payments (mobility component)	£	£	
Money received from family or friends	£	£	
Income from lodgers	£	£	
Other	£	£	
Other	£	£	

Your debts that you are not making payment for

Please provide evidence of these debts.

Who do you owe the money to?	How much do you owe?
	£
	£
	£
	£

Section 6: Payment of Discretionary Housing Payments

If your request is successful who would you like payment(s) made to? You Your Landlord

If you are receiving Universal Credit please provide the bank details of where payments are to be made.

Bank name	
Account number	
Sort code	
Account holders name	

Section 6a: Payment of Exceptional Hardship

If your request is successful a payment will be made to your council tax account and an amended council tax bill will be sent to you. This is not a cash payment.

Note

Have you provided the evidence required to make a decision on your DHP/EHP claim?

- Last two months' bank statements
- Receipts, if you pay your bills in cash
- Proof of your debts
- Your tenancy agreement if you are renting from a Private Landlord.
- Your latest rent increase letter if you are renting from a Social Landlord.

You can email the evidence required to qualityteam@sevenoaks.gov.uk

Have you answered **all** the questions?

If no, the form may be returned to you.

Section 7: Declaration

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

Warning:

If you provide false statements, information or documents to support your claim or you continue to receive benefit when you knowingly fail to tell us about any relevant change of circumstances which happen after the date you make a claim, you will be guilty of an offence and may be prosecuted.

I understand the following:

If I give information that is incorrect or incomplete, you may take action against me. You will use the information I have provided to process my claim for Discretionary Housing Payments. You may check some of the information with other sources within the Council, rent offices, and other Councils.

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

Signature: Date:.....

Print full name:.....

Daytime telephone number:.....

Email:

Data Protection - how we collect and use information

All personal data is processed in compliance with the Data Protection Act 2018. We will not give information about you to anyone else, or use information about you for another purpose, unless the law allows us to. We may check information you have provided, or information that someone else has provided, with other information we hold. We may get information about you from certain third parties, or give them information to:

- make sure the information is accurate
- prevent or detect crime
- protect public funds
- make checks on undeclared co-habitors

These third parties include Government departments, local authorities and private sector companies such as banks and organisations that may lend you money.

Dartford Borough Council and Sevenoaks District Council are the data controllers. Any information you provide us with will be treated in accordance with our Privacy Notice which can be found at www.dartford.gov.uk for Dartford residents or www.sevenoaks.gov.uk for Sevenoaks residents.

If this form has been filled in by someone other than the claimant please complete below:

Signature: Date:.....

Print full name:.....

Relationship to person applying:.....

As far as possible I have confirmed with the person claiming that the answers I have given on this form are correct.

Send this form to:**Benefits Shared Services**

Please contact your local Council by email, telephone or in person using the details below.

Online

Dartford Borough Council	www.dartford.gov.uk
Sevenoaks District Council	www.sevenoaks.gov.uk

By telephone

Dartford Borough Council	01322 343705
Sevenoaks District Council	01732 227000

In person

For personal visits, please choose whichever location you prefer as we now deal with enquiries or receive documents for both councils at any of the contact points listed below.

Dartford Borough Council

Civic Centre, Home Gardens
Dartford
Kent DA1 1DR

Tel: 01322 343705**Fax:** 01322 343968**Email:** benefits@dartford.gov.uk**Web:** www.dartford.gov.uk

Main Office – Civic Centre, Dartford
Monday to Thursday – 8:45am to 5:15pm
Friday – 8:45am to 4:45pm

Sevenoaks District Council

Council Offices
Argyle Road
Sevenoaks
Kent TN13 1HG

Tel: 01732 227000**Fax:** 01732 743052**Email:** benefits@sevenoaks.gov.uk**Web:** www.sevenoaks.gov.uk

Main Office – Argyle Road, Sevenoaks
Monday to Thursday – 8:45am to 5:00pm
Friday – 8:45am to 4:45pm

Or you may wish to hand your form in at one of our local offices. Please check our website for exact locations, dates and times.

What do I do when my circumstances change?

If your circumstances change at any time, please remember that you must tell the Council straight away. This includes if anyone in your household has a change in income or capital, someone has joined or left your household, Child Benefit has ended or you move.

These are examples only. If in doubt tell us straight away. If you don't report the change within one calendar month of it happening and the change results in an overpayment, you may have to pay a civil penalty as well.

Equality Monitoring of Service Users Questionnaire

We want to ensure we shape and design our services around the local population. So that we can provide the services that meet your needs, we should be grateful if you would answer the questions below.

Your answers are key to us finding out about the profile of our customers and whether any of the services we provide need improving to meet particular needs.

We will publish reports showing how the information has contributed to improvements in our services. So you can see how the data is being used, reports will be available annually at www.sevenoaks.gov.uk/equality and in other formats on request. Your answers will not be used for any other purpose. Your Questionnaire will be separated from your Discretionary Housing Payments request form prior to assessment and will be kept **confidential** and **anonymous**.

Thank you for taking the time to answer these questions.

(1) What is your gender? (please tick)	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
(2) What is your ethnic group? (please tick)	
White <input type="checkbox"/> British <input type="checkbox"/> Irish Any other White background, please write in:	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian Any other Mixed background, please write in:
Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese Any other Asian background, please write in:	Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African Any other Black background, please write in:
Other ethnic group <input type="checkbox"/> Gypsy/Romany <input type="checkbox"/> Traveller	Any other, please write in:
(3) Do you have a disability?	
The Disability Discrimination Act considers a person disabled if: <input checked="" type="checkbox"/> You have a longstanding physical or mental condition or disability that has lasted or is likely to last at least 12 months, and <input checked="" type="checkbox"/> This condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities.	
Do you consider yourself to be disabled as defined under the Disability Discrimination Act above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please state the type of impairment which applies to you (tick any that apply) <input type="checkbox"/> Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches <input type="checkbox"/> Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment <input type="checkbox"/> Mental health condition, such as depression or schizophrenia <input type="checkbox"/> Learning disability/difficulty (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder) <input type="checkbox"/> Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy <input type="checkbox"/> Other type of impairment which defines you as disabled (please specify):.....	

PLEASE DO NOT WRITE ON THIS PAGE

This questionnaire will be separated from your application