

Apply for a discretionary housing payment or Council Tax hardship fund payment

Who can apply

To apply for this help, you must:

- be responsible for paying rent or Council Tax for your home
- have already applied for Council Tax Support
- have received your first payment if you get Universal Credit

You can only apply for a discretionary housing payment if you get:

- Housing Benefit
- Universal Credit that includes money for housing costs

Before you start

Get all the information and documents you need ready before you start.

Information you'll need:

- Your National Insurance number (<u>Find your National Insurance</u> number - GOV.UK)
- Your Council Tax account number, if you're responsible for paying Council Tax
- Your benefits claim number, if you get Housing Benefit or Universal Credit
- You and your partner's income and where it comes from, like wages or benefits

- Any savings or investments you have and where you keep them, like in a bank account
- Your outgoings and how much you spend on them, like childcare or food shopping
- Any debts you have and how much you pay for them each month
- The names, ages and incomes of everyone who lives in your household
- Any health issues you, your partner, or your children have
- · Your carer's full name and address, if you have one

If you need help to pay your rent, we'll also need:

- the rent balance on your most recent rent statement
- your landlord's name and address, unless you live in council housing

Documents we'll need from you

- Your award letter and latest monthly statement if you get Universal Credit
- A doctor's letter or other evidence for any health issues you tell us about

If you need help to pay your rent, we'll also need:

- proof of your rent payments, such as up to date rent statements or a letter from your landlord
- the most recent letter you've received about your rent
- A recent bank statement

Section 1: Your details

| Forename | |
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| Surname | |
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| Date of birth | |
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| National Insurance number | |
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| You can find this on your National Insurance | |
| card, benefit letter, payslip or P60 – for example, | |
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| Have you lived in another country in the last 2 years? | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ☐ Yes ☐ No | |
| Are you responsible for paying Council Tax for your home? | |
| ☐ Yes ☐ No | |
| If yes , give your Council Tax account number You can find your 8-digit account number at the top of your Council Tax bill. It begins with a 7 or 8. | |
| Do you own your home? | |
| ☐ Yes ☐ No | |
| Do you get Housing Benefit? | |
| ☐ Yes ☐ No | |
| Do you get Universal Credit that includes money for housing costs? | |
| ☐ Yes ☐ No | |
| If you've answered yes to Housing Benefit or Universal Credit, give your benefits claim reference number. This is 9 characters and starts with a 5. You can find it on any benefits letter from us | |
| This is 9 characters and starts with a 5. You can find it on any benefits letter from us. | |

Send a copy of your Universal Credit award letter or monthly statement from your journal, showing the housing costs element of your Universal Credit with this form.

Section 2: Income

| Weekly Monthly 4-weekly How much Universal Credit do you receive? How much is the Housing Costs element in your maximum UC amount? Wages/Salary Self-Employment Jobseekers Allowance Employment Support Allowance | You (£) | Your partner (£) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------|
| How much Universal Credit do you receive? How much is the Housing Costs element in your maximum UC amount? Wages/Salary Self-Employment Jobseekers Allowance | You (£) | Your partner (£) |
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| How much is the Housing Costs element in your maximum UC amount? Wages/Salary Self-Employment Jobseekers Allowance | You (£) | Your partner (£) |
| How much is the Housing Costs element in your maximum UC amount? Wages/Salary Self-Employment Jobseekers Allowance | | |
| maximum UC amount? Wages/Salary Self-Employment Jobseekers Allowance | | |
| Self-Employment Jobseekers Allowance | | |
| Jobseekers Allowance | | |
| | | |
| Employment Support Allowance | | |
| | | |
| Child Benefit | | |
| Pension Credit | | |
| State Retirement Pension | | |
| Occupational Pension | | |
| Money received from adults in your household | | |
| Maintenance | | |
| Carers Allowance | | |
| Fostering Allowance or Private Fostering Payment | | |
| Personal Independence Payment (PIP) / | | |
| Disability Living Allowance (DLA) Other – please specify | | |

| Please provide details of any student loans, grants or bursaries, including the amount and period paid for. | |
|-------------------------------------------------------------------------------------------------------------|--|
| | |
| Has the <u>benefit cap</u> reduced your Housing Benefit or Universal Credit payments? | |
| ☐ Yes ☐ No | |

Section 3: Savings

All applicants should fill in this section.

Do you or your partner have any bank and building society accounts, including any savings accounts? Also include any assets, investments, shares, ISAs, bonds, or similar.

| Bank, building society or company name | Amount (£) | |
|--------------------------------------------------|------------|--|
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| Do you or your partner have any property or land | | |
| in the UK or abroad? Yes | | |
| ☐ No | | |

Section 4: Outgoings

| Are your outgoing figures weekly, monthly or 4-weekly? Tick one Weekly Monthly | |
|----------------------------------------------------------------------------------|------------|
| 4-weekly | |
| | J |
| Provide detail on any outgoings below: | |
| Essential spending | Amount (£) |
| Rental costs | |
| Service charges | |
| Mobile/phones | |
| Internet/broadband | |
| Food, housekeeping | |
| Council Tax | |
| Gas | |
| Electric | |
| Water | |
| Public transport | |
| Petrol | |
| Car insurance/Breakdown recovery | |
| Road tax, Parking | |
| MOT, maintenance | |
| TV license | |
| Childcare costs | |
| Child maintenance | |
| Household insurance | |

| Pension/life insurance | |
|------------------------|--|
| Court fines | |
| Adult care costs | |
| Total essential spend | |

| Other spending | Amount (£) |
|-------------------|------------|
| TV subscriptions | |
| Cigarettes | |
| Alcohol | |
| Pocket money | |
| Pet insurance | |
| Clothing | |
| Hairdressing | |
| Gifts | |
| Holidays | |
| Hobbies/sport | |
| Total other spend | |

Section 5: **Debts**

All applicants should fill in this section.

Please list any outstanding debts and the amount you are currently paying towards the debts.

| Company name | Amount owed (£) | Monthly repayment amount (£) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------|
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| Have you sought advice from any of these age about managing your finances or debts? | ncies | |
| | encies | |
| About managing your finances or debts? Fick all that apply Royal Greenwich Money Advice Team Greenwich Citizens Advice Debt Free Advice National Debt Line Step Change Pay Plan Someone else – state below Would you like advice about your debts from the | | |
| About managing your finances or debts? Fick all that apply Royal Greenwich Money Advice Team Greenwich Citizens Advice Debt Free Advice National Debt Line Step Change Pay Plan Someone else – state below | | |

Section 6: About your circumstances

| application. For exa | elevant information whic ample, health issues, curr | ent accommodati | on is |
|-----------------------------|--------------------------------------------------------|-----------------|-------|
| | pecial needs, schooling e | | |
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| | ve Carer's Allowance for | you or your | |
| partner? Yes | | | |
| ☐ No | | | |
| | | | |
| If yes , provide the | following: | | |
| Their name | | | |
| Their name | | | |
| | | | |
| | | | |
| Their address | | | |

| If you or any members of your household have any physical mental health problems or disabilities that mean that you remain in your current home, briefly outline them below. | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
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| Do you care for someone else? | |
| ☐ Yes ☐ No | |
| If yes, provide the following: | |
| Their name | |
| | |
| Their relationship to you | |
| | |
| Their address | |
| | |
| How many hours do you care for them each week? | |
| | |

Send a doctor's letter or any other evidence you have regarding what you have told us about

Section 7: Household composition

Only fill in this section if anyone else lives with you, including your partner or children

Full name

Age

Relationship to you

Relationship to you

Name of school or college

Name of school or college

Are you receiving Disability Living Allowance or Personal Independence Payment for this child?

Adults who live in your home (aged over 18)

Under Income, include the amount of income they have, where it comes from, like wages or Universal Credit, and how often, like weekly or monthly

| Full name | Age | Relationship to you | Income | Is this person receiving DLA or PIP? |
|-----------|-----|---------------------|--------|--------------------------------------------|
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Section 8: Rent details

Only fill in this section if you rent your home and get either:

- Housing Benefit
- Universal Credit that includes money for housing costs

| Type of tenancy | |
|---------------------------------------------|--|
| Private accommodation | |
| Council | |
| ☐ Housing association | |
| Temporary council accommodation | |
| Family or friends | |
| Other | |
| Start date of tenancy | |
| DD/MM/YYYY | |
| | |
| | |
| How often is your rent due? | |
| ☐ Weekly | |
| Monthly | |
| 4-weekly | |
| | |
| How much is your rent? | |
| £ | |
| A | |
| Are you related to your landlord? | |
| ∐ Yes | |
| No | |
| If yes , tell us how you are related | |
| ii yes, ten as now you are related | |
| | |
| How many hodrooms are in your home? | |
| How many bedrooms are in your home? | |
| | |
| | |

| Do you share any part of your home with anyone who is not part of your family or household? | |
|---------------------------------------------------------------------------------------------|---|
| Yes No | |
| | |
| What is the rent balance on your most recent statement? | 1 |
| £ | |
| Are you in rent arrears, meaning you owe money for your rent? | |
| ☐ Yes ☐ No | |
| If yes, has your landlord taken any action because you owe rent? Yes No | |
| If yes, what was your landlord's last action? | |
| Sent a letter threatening legal action | |
| Sent a letter threatening legal proceedings | |
| Sent a notice seeking possession | |
| Set a date for a possession hearing | |
| Sent a letter threatening eviction proceedings | |
| Agreed a time and date for the eviction with the | |
| court | |
| Other action – state below | |
| | |
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| | |

When you send us this form, include:

- a copy of your most recent rent statement or other proof that you have recently paid your rent
- a copy of the latest letter you have had about your rent

| Has your Housing Benefit or Universal Credit reduced for | |
|-----------------------------------------------------------|---|
| either of these reasons: | 1 |
| Your landlord is the council or a housing association | |
| and you have been told you are over- | |
| accommodated (often called bedroom tax). | |
| You rent from a private landlord and your rent | |
| charged is higher than the <u>Local Housing Allowance</u> | |
| (LHA) | |
| | |
| Does your home have any adaptions? | |
| These are changes to your home to make it safer and | |
| easier for you to move around and do everyday tasks. | 1 |
| Yes | |
| ∐ No | |
| | |
| If yes, tell us what adaptions your home has | 1 |
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| Do you have a carer who stays overnight or lives with | |
| you? | |
| ☐ Yes | |
| ∐ No | |
| | |
| If yes, provide the following: | |
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| Carer's name | 1 |
| | |
| | |
| Carer's address | |
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| Are you trying to move to a new home? |
|-----------------------------------------------------------------------------------------------------------------|
| Yes |
| ∐ No |
| If no , tell us why you need to stay in your current home |
| In the, tell as they you need to stay in your carrent name |
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| If yes, tick all that apply: |
| You are bidding for social housing You are trying to swap your home with another |
| tenant (mutual exchange) |
| You have talked about options with your Housing Officer |
| You have contacted the Welfare Reform Team |
| |
| If you have contacted the Welfare Reform Team, who did you speak to in this team? |
| |
| |
| Have you had a discretionary housing payment (DHP) |
| before? |
| ☐ Yes ☐ No |
| |
| If yes, tell us how you have tried to improve your money |
| situation since your last DHP. For example, by reducing your debts, bidding to move, looking for work or asking |
| to work more hours. |
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Section 9: Payment details

Only fill in this section if you rent your home and get either:

- Housing Benefit
- Universal Credit that includes money for housing costs

| Who should we send a discretionary housing payment | |
|-------------------------------------------------------------|--|
| to? | |
| ☐ Me | |
| My landlord | |
| | |
| | |
| If you wish the payment to be made to your account , | |
| fill in the following: | |
| ill ill the following. | |
| | |
| Your bank or building society name | |
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| | |
| Your bank or building society address | |
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| | |
| Full name on this account | |
| | |
| | |
| Account number | |
| Must be an 8 digit number | |
| | |
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| | |
| Account sort code | |
| Must be a 6 digit number | |
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If you wish the payment to be made to **your landlord**, fill in the following:

| Landlord's name | |
|---------------------------------|--|
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| Landlord's address and postcode | |
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| Landlord's telephone number | |
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Section 9: Declaration

- All applicants should read the following and sign below.
 - I/we declare that the information given in respect of this application is correct and complete.
 - I/we will provide any further evidence/information that the council may need to finalise my claim.
 - I understand that the council may check any of the details I have provided.
 - I understand that I may be prosecuted if I give incorrect information or fail to report any changes of circumstances.
 - Any overpayment of discretionary housing payment may be recovered from me or my partner.
 - I agree to let the council share my information with other councils or organisations that could offer me support.

| Signed by person claimir | ng | | |
|--------------------------|----|--|--|
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| Date DD/MM/YYYY | | | |
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| Signed by partner | | | |
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| | | | |
| Date DD/MM/YYYY | | | |
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| Has someone other than the person claiming completed this form? | |
|----------------------------------------------------------------------------------------------------|--|
| ☐ Yes ☐ No | |
| If yes, tell us why someone else has completed the form | |
| | |
| | |
| | |
| Full name of person filling in the form | |
| | |
| Relationship to person claiming | |
| | |
| Tick to acknowledge the following | |
| ☐ I have confirmed with the person claiming that the | |
| information given is correct I have explained the declaration above to the person who is claiming | |
| Signature of the person filling out the form | |
| | |
| Date | |
| DD/MM/YYYY | |
| | |

Next steps

Return the completed form and any evidence to:

Royal Borough of Greenwich Advice & Benefits Service 2nd Floor, The Woolwich Centre 35 Wellington Street Woolwich London SE18 6HQ