**Argyll & Bute Council**

**Discretionary Housing Payment Application Form for short-term financial assistance.**

This form should only be completed if you wish to apply for a Discretionary Housing Payment (DHP) to provide short-term assistance with rent and you are in receipt of Housing Benefit or a contribution of Universal Credit Housing Costs. Successful awards will usually begin the Monday following receipt of the application and for a 13 week period.

***SECTION 1 – PERSONAL DETAILS***

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| Title: |  | | Forename: | |  | | | Surname: | |  | |
| Address: | |  | | | | | | | | | |
| Email: | |  | | | | | | | | | |
| I would like to receive correspondence by: | | | | | | | Post  Email | | | | |
| National Insurance Number: | | | | | |  | | | Date of Birth: | |  |
| I am in receipt of:  (please tick one) | | | | Universal Credit Housing Costs  or Housing Benefit  *Claim Number:* | | | | | | | |
| If you are a Care Experienced Young Person aged 26 or under, please tick this box  and confirm which Council area you are registered as Care Experienced in: | | | | | | | | | | | |

***SECTION 2 – REASONS FOR YOUR APPLICATION***

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| 1. **Why do you wish to apply for a Discretionary Housing Payment?**   I am applying for a DHP to help me: (*please tick one*)  Secure and move to alternative more affordable accommodation.  With short-term rental costs while I seek employment.  With ongoing rental costs as I am a foster carer affected by under-occupancy.  With ongoing rental costs as I am a disabled person in adapted accommodation.  With short-term rental costs for any other reason.  **How much is the shortfall between your Housing Benefit or Universal Credit Housing Costs and your rent and why do you need help with this?** |
| 1. **Why did you move to this address?**   (Could you afford the rent at the time?) |

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| 1. **What, if anything, makes this address especially suitable for you?**   (Why are you not able to move to a more affordable property?) |

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| 1. **Please give details of any health problems that you or any member of the household might have.** |

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| 1. **What steps are you taking to reduce the shortfall in your rent?**   (e.g. have you tried to agree a lower rent with your Landlord, consider taking in a lodger, move to a more affordable property or increase your working hours? |

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| 1. **A Discretionary Housing Payment award is for a period of 13 weeks. How do you propose to meet your shortfall after this?** |

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| 1. **Do you have any other circumstances you would like us to take into account?** |

***SECTION 3 – INCOME & EXPENDITURE***

Please list **all** of your income and expenditure below:

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| --- | --- | --- | --- | --- | --- | --- |
| Income | Frequency (e.g. monthly) | £ |  | Expenditure | Frequency (e.g. monthly) | £ |
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***SECTION 4 – DECLARATION***

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| **Please read this carefully before you sign the form.**   * I declare that the information I have given on this form is correct to the best of my knowledge. * If the information I have given changes at any time I will inform Argyll & Bute Council immediately. * I understand that if the information I have given is incorrect I may be prosecuted. * I authorise Argyll & Bute Council to make enquiries to confirm the information I have given unless I have indicated otherwise. * I authorise Argyll & Bute Council to cross check the information I have given with other sections of the Council within the terms of the Data Protection Act 1998.   Please tick this box to confirm that you have read and agree to the above. | | | |
| Claimant’s Signature: |  | Date: |  |

**Completed forms can be returned by email to:** [benefitsgeneralenquiries@argyll-bute.gov.uk](mailto:benefitsgeneralenquiries@argyll-bute.gov.uk)

**or by post to:** Argyll & Bute Council, Customer & Support Services, Kintyre House, Snipefield Industrial Estate, Campbeltown, PA28 6SY

**or by hand:** At your local Customer Service Point.