

LGSS DISCRETIONARY HOUSING PAYMENT APPLICATION FORM

Discretionary Housing Payments (DHP's) are not payments of benefit. They are standalone payments made at the discretion of the local authority and are subject to an annual cash limit. DHP's are designed to be a short term measure to assist claimants in meeting the shortfall between the actual Rent payable and the amount of benefit awarded. They are not designed to be continuous payments used to supplement a claimant's Housing Benefit.

Who Can Apply?

- People who are in receipt of Housing Benefit
- People whose benefit does not fully cover their rent

You Can't Get DHP for:

- Any service charges included in your rent that cannot be met by Housing Benefit, for example water rates
- To cover the shortfall in Housing Benefit that occurs due to an overpayment being recovered

If you require assistance with this form please contact our offices on any of the above telephone numbers and a member of our staff will be happy to assist you.



SECTION 1 – ABOUT YOUR CLAIM	
Full Name	
Address	
Please explain below why you are not able to pay the difference between your housing costs and the amount of housing benefit awarded	
When did you move to this address? (if you moved in the last 12 months please state your previous address)	
Do you have any rent arrears? If so how much?	
Were you able to afford the rent when you moved in?	YES / NO
If so, how?	
Have you asked the Landlord/Landlady to reduce the rent? If so what was the outcome of this?	
Have you tried to find cheaper accommodation? Please provide details	
Is there any reason you could not move if you were able to find cheaper accommodation? Please provide details	
How much notice do you have to give?	
When does your current tenancy end?	
Do you have any relatives or friends who could assist you financially or offer you accommodation?	
Have you recently been bereaved? If so please provide details and the date of the bereavement.	
Do you or a member of your household have disabilities or health problems? If yes, please give full details	



SECTION 2 - INCOME		
Please give details of your weekly income from all sources		
Income	You £	Your Partner £
Wages/Salary		
Child Benefit		
Jobseekers Allowance		
Income Support		
Retirement Pension/Pension Credit/Private Pension		
Tax Credits		
Maintenance Received (not for Children)		
Other Benefits Received: Please State		
Other Income: Please State		
Total Income		
SECTION 3 - OUTGOINGS		
Please give details of your weekly outgoings:		
Outgoings	You £	Your Partner £
Cable/Satellite TV		
Cigarettes		
Clothing/Catalogues		
Council Tax		
Credit Cards/Store Cards		
Electricity		
Insurances/Assurances: Car/Home/Life		
Food & Household Items		
Gas		
Loans/Fines		
Mortgage/Rent		
School Meals & Outings		
Telephones: Home/Mobile		
Travel Expenses (Work): Bus Fares/Taxi Fares/Petrol		
TV Licence		
Water Rates		
Please give details of any other expenses you have which are not listed above:		
Total Outgoings		



SECTION 4 – ASSETS / CAPITAL		
Do you have any other money, savings, including holiday homes or other property?		
Please tell us about any recent or future changes affecting you (or a member of your family) that we should take into account? (e.g. moving, starting/stopping work, a change in your household, relationship breakdown). Please give full details		
How much do you believe you can afford to pay towards your weekly rent?	£	
Is there anything else you think we should know?		
How much is your current rent?	£	
Please confirm the bank details for the account you wish any payments to be made to:		
Account Number	Sort Code	Account Name

DECLARATION

I declare that the information given on this form is complete and accurate to the best of my knowledge. **REMEMBER, if you give false information you may be prosecuted.**

In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds.

Full Name (BLOCK CAPITALS)	
Signature	
Date	
Signature of Appointee (if applicable)	
Date	



Horsham
District
Council

0808 164 8610 (Phone calls may be recorded)

<https://www.lgss.revs-bens/Horsham>

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