**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***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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?**
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***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

**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.