<u>Discretionary Housing Payments and Council Tax</u> <u>Support Exceptional Hardship Scheme</u>

| Preston and Lancaster Shared Services |
|--|
| ****************** |
| This form is not to be used for DHP for upfront rent or remova |
| ************* |

Discretionary Housing Payment Information

Discretionary Housing Payments are not a long-term solution to housing problems. Any award made will normally be for a short period.

Discretionary Housing Payments (DHP) may be claimed if you receive housing benefit or universal credit for housing costs but are having difficulty paying the rest of your rent yourself.

A Discretionary Housing Payment (DHP) may be used to pay for:

- rent arrears (but not if you were receiving enough housing benefit to pay all of your rent at the time the arrears built up)
- a shortfall between housing benefit and rent

A Discretionary Housing Payment (DHP) cannot be paid if the reason for shortfall is that your housing benefit has been reduced to recover an overpayment or because your other benefits have been reduced, for example, a sanction on Universal Credit.

The local authority will consider any special circumstances that contribute to your financial difficulties for example, if:

- you are under-occupying a Council or housing association property,
- · you are impacted by benefit cap,
- the local housing allowance rate is lower than your rent charge,
- you have additional travel costs because you travel to a doctor or hospital or you care for a relative or friend,
- you are likely to become homeless if a payment is not made.

You will be asked for details of your income and outgoings. You should send with your application copies of relevant bills or bank statements. Please also provide any information about your circumstances that make things difficult for you financially. Please provide all details within fourteen days of the date of the request or a decision will have to be made based on the available information.

Please note that DHPs can be considered **in exceptional circumstances**, for help with starting a new tenancy, e.g., deposit, rent in advance or moving costs. **Please see the form DHP Deposits and Removals.**

Council Tax Support Exceptional Hardship Scheme

If you want us to consider an exceptional hardship payment to help with your council tax you must be the liable person at the address and you must be in receipt of council tax support.

An exceptional hardship payment will be considered if you are of working age and cannot afford to pay your council tax liability.

You will be asked for details of your income and outgoings. You should send with your application copies of relevant bills or bank statements. Please also provide any information about your circumstances that make things difficult for you financially.

Please provide all details within fourteen days of the date of the request or a decision will have to be made based on the available information.

RETURN ADDRESS.

HEAD OF REVENUE SERVICES
PO BOX 4
TOWN HALL
LANCASTER
LA1 1QR

Or hand in at Lancaster or Morecambe Town Halls; open between 9am and 1pm from Monday to Friday.

Do not forget to enclose any documentary evidence you have to support your claim e.g., proof of outstanding loans etc.

APPLICATION FORM

| Name - | | | | | |
|---|-------------------|--------------------------|-------------|---------|---------------|
| Address - | | Date of Birth |) — | | |
| Telephone / E-Mail | | | HB Ref - | | |
| What date do you wastart? Does anyone else I | · | onary Housing YES /NO | g Payment | to | |
| If yes, please give th | eir details below | <i>ı</i> – | | | |
| Name | Date of birth | Relationship | to you | _ | not dependent |
| | | | | | |
| Do you have rent a | - | | | period? | • |
| Are you about to be Please provide all r | | ction letters/c | ourt letter | 's | |

| Please tell us why you want a Discretionary Housing Payment/Exceptional Hardship Payment (DHP/EHP). Tell us anything about your special circumstances. (Please include information regarding health problems, disabilities, carers, recent "life events" including bereavements) Please provide as much supporting evidence as possible | | | | | | |
|---|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Financial statement

Please complete the income in the relevant column that you receive it. There are blank rows to complete for incomes not listed.

| Income | Amount per week | Amount per calendar month | Amount per year |
|---|-----------------|---------------------------|-----------------|
| Wages/Salary | | | |
| Partners Wages/Salary | | | |
| Rent/Board from members of household | | | |
| Income Support | | | |
| Universal Credit | | | |
| Job Seekers Allowance | | | |
| Employment Support Allowance | | | |
| Retirement Pension | | | |
| Private/Works Pension | | | |
| Pension Credit (Guaranteed Credit) | | | |
| Pension Credit (Savings Credit) | | | |
| Disability Living Allowance | | | |
| Personal independence Payments | | | |
| Carers allowance | | | |
| Attendance Allowance | | | |
| Bereavement Allowance | | | |
| Incapacity Benefit | | | |
| Maternity Allowance | | | |
| Industrial Injuries / Disablement Benefit | | | |
| Child Benefit | | | |
| Working Tax Credit | | | |
| Child Tax Credit | | | |
| Maintenance received | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Income | | | |

Expenditure details

Please complete the amounts in the relevant columns. There are some blanks at the end if there is expenditure that we have not listed.

| Outgoings | Amount per week | Amount per calendar month | Amount per year |
|-----------------------------------|-----------------|---------------------------|-----------------|
| Rent | | | |
| Council Tax | | | |
| Gas | | | |
| Electricity | | | |
| Water Rates | | | |
| House insurance | | | |
| Life insurance | | | |
| TV licence | | | |
| Sky/Cable TV | | | |
| Telephone | | | |
| Mobile Phones | | | |
| Internet | | | |
| Travel (bus/taxi fare) | | | |
| Clothing/Footwear | | | |
| Prescriptions | | | |
| Dentist/Opticians | | | |
| Court fines | | | |
| Cigarettes/tobacco | | | |
| Car/bike insurance | | | |
| MOT | | | |
| Car tax | | | |
| Petrol/diesel | | | |
| Car loan/finance | | | |
| Housekeeping/essentia shopping | | | |

| Laundry | | | | | |
|--|--|------------------------|-----------------------|--|--|
| Debt repayments | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total outgoings | | | | | |
| Please provide your la | st 2 months banks s | statements/building so | ociety accounts. | | |
| Details of your current | property | | | | |
| If you are in receipt of Ur complete this sheet: | niversal Credit, we do | not hold details about | your property. Please | | |
| Name, address, and te | lephone number for | your landlord: | | | |
| | | | | | |
| Date moved in: | | | | | |
| Date tenancy started (p | olease provide tenanc | cy agreement): | | | |
| Rent charge and how o | often (e.g., £425.00 p | er calendar month): | | | |
| Amount of rent arrears and period they cover: | | | | | |

Please provide a rent statement showing where arrears accrued.

| Detail what roor share: | ns you have for y | ou and your house | hold and wh | ich if any you |
|----------------------------|--|-----------------------------------|-----------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| State which, if a | ny, bills, and ser | vice charges are in | cluded in the | rent charge: |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Debts – please l | list any outstandi | ng debts, including | ı rent, counci | il tax, fuel, utili |
| | list any outstandi s etc. Please prov | ng debts, including ide proof. | ı rent, counci | il tax, fuel, utili |
| | | | | Repayment |
| and credit cards | | ride proof. | | Repayment amount and |
| and credit cards | | ride proof. | | Repayment |
| and credit cards | | ride proof. | | Repayment amount and |
| and credit cards | | ride proof. | | Repayment amount and |
| and credit cards | | ride proof. | | Repayment amount and |
| and credit cards | s etc. Please prov | ride proof. | | Repayment amount and |
| and credit cards | s etc. Please prov | Amount owing | | Repayment amount and |
| Loans/HP agree | ements - please prov | Amount owing | agreements | Repayment amount and frequency Repayment amount and |
| Company Loans/HP agree | ements - please prov | Amount owing | agreements Reason for | Repayment amount and frequency Repayment |
| Loans/HP agree | ements - please prov | Amount owing | agreements Reason for | Repayment amount and frequency Repayment amount and |
| Loans/HP agree | ements - please prov | Amount owing | agreements Reason for | Repayment amount and frequency Repayment amount and |

DECLARATION

The information on this form is correct and complete to the best of my knowledge. I give my permission for the Council to make necessary enquiries to check the information. I know I must tell the Benefits Team about any change in my circumstances which could affect my Discretionary Housing Payment. I also understand that any false declaration may be used by the Council in connection with its prevention and detection of fraud.

I give all other agencies (e.g. Social Services, Citizens Advice Service, NHS, support workers, etc.) permission to discuss any relevant details and provide information pertinent to the DHP/EHP claim with the officers dealing with my current DHP/EHP.

Personal information will be kept safe and secure and will only be kept for as long as is necessary. Further information can be found in the Privacy Notice on the Council's website http://www.lancaster.gov.uk/benefits-and-support/housing-benefit-and-council-tax-reduction-scheme-privacy-notice

| Your signature | Date | |
|------------------------------------|--|--|
| Name and telephone number o | of person filling in the form, if not you. | |
| Relationship to person | | |
| Signature of person filling in the | ne form | |