

**Discretionary Housing Payments and Council  
Tax Support Exceptional Hardship Scheme**

**Preston and Lancaster Shared Services**

## **DISCRETIONARY HOUSING PAYMENT INFORMATION**

Discretionary Housing Payments (DHP) may be claimed if you receive housing benefit or the housing element of Universal Credit, but are having difficulty paying the rest of your rent yourself.

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

- rent deposits
- rent in advance
- moving costs
- 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 / housing element of Universal Credit and rent
- reductions in local housing allowance resulting from changes from April 2011

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, because you left your last job voluntarily.

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

- you have to pay child maintenance
- you have to pay legal costs
- your heating costs are high as you spend a lot of time at home because of sickness or disability
- you have additional travel costs because you travel to a doctor or hospital or you care for a relative or friend
- your work-related travel costs have increased because you had to move as a result of cuts to local housing allowance from April 2011
- 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 seven days of the date of the request or a decision will have to be made based on the available information.

## **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 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 seven days of the date of the request or a decision will have to be made based on the available information.

### **RETURN ADDRESS.**

**LANCASTER CITY COUNCIL  
PO BOX 4  
TOWN HALL  
LANCASTER  
LA1 1QR**

**Or hand deliver to Lancaster or Morecambe Benefits Customer Service Centres at Lancaster and Morecambe Town Halls. They are open Monday to Friday from 9am to 5pm.**

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

**If you require a Discretionary Housing Payment for help in obtaining/moving into a property, e.g. deposit, rent in advance or moving costs, please contact Lancaster Benefits Team on 01524 582965 to discuss.**

**If you require assistance with keeping your current tenancy please complete the following details.**

# APPLICATION FORM

Name -
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Address -	Date of Birth -
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Telephone / E-Mail	HB Ref -
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What date do you want your Discretionary Housing Payment to start?

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**Does anyone else live with you? YES /NO**

If yes, please give their details below –

Name	Date of birth	Relationship to you	Weekly income if over 16 and not dependent on you

**Do you have rent arrears? If yes, how much and for what period?**

**(Please provide you most recent rent statement)**

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**Are you about to be evicted?**

**Please provide all notices and eviction letters/court letters**

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**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**

<b>INCOME</b>	<b>AMOUNT PER WEEK</b>	<b>OUTGOINGS</b>	<b>AMOUNT PER WEEK</b>
Wages/Salary		Rent (Shortfall)	
Partners Wages/Salary		Council Tax	
Rent/Board from members of household		Gas	
Income Support		Electricity	
Universal Credit		Water Rates	
Job Seekers Allowance		House insurance	
Employment Support Allowance		Life insurance	
Retirement Pension		TV licence	
Private/Works Pension		Sky/Cable TV	
Pension Credit (Guaranteed Credit)		Telephone	
Pension Credit (Savings Credit)		Mobile Phones	
Disability Living Allowance (care & mobility)		Internet	
Personal independence Payments (care & mobility)		Travel (bus/taxi fare)	
Carers allowance		Work expenses	
Attendance Allowance		School expenses	
Bereavement Allowance		Clothing/Footwear	
Incapacity Benefit		Prescriptions	
Maternity Allowance		Dentist/Opticians	
Industrial Injuries / Disablement Benefit		Court fines	
Child Benefit		Cigarettes/tobacco	
Working Tax Credit		Debt repayments	
Child Tax Credit		Motor expenses (Tax, MOT, Insurance, Petrol)	
Maintenance received		Housekeeping (eg - food, cleaning items, toiletries)	
Any other income (please detail anything not listed above)		Laundry	
		Other	
<b>TOTAL INCOME</b>	<b>£</b>	<b>TOTAL OUTGOINGS</b>	<b>£</b>

**Please provide your last 2 months banks statements/building society accounts .**

**If you are in receipt of Universal Credit please supply your Universal Credit entitlement letters and complete the details regarding your current property.**

**Details of your current property**

If you are in receipt of Universal Credit, we do not hold details about your property. Please complete this sheet:

**Name, address and telephone number for your landlord:**

**Date moved in:** \_\_\_\_\_

**Date tenancy started** (please provide tenancy agreement): \_\_\_\_\_

**Rent charge and how often** (e.g. £90.90 per week: \_\_\_\_\_

**Amount of rent arrears and period they cover:** \_\_\_\_\_

\_\_\_\_\_

Please provide a rent statement showing where arrears accrued

**Type of property** (e.g. flat, house): \_\_\_\_\_

**Detail what rooms you have for you and your household and which if any you share:**

**State which, if any bills and service charges are included in the rent charge:**

Debts – please list any outstanding debts, including rent, council tax, fuel, utilities and credit cards etc. Please provide proof.

Company	Amount owing	Repayment amount p/wk

Loans/HP agreements - please provide copies of all agreements

Loan/Hire Purchase Company	Start date	Amount owing	Reason for loan	Repayment amount p/wk

**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 Section 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, 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.

Preston City Council or Lancaster City Council will use your information for the administration of Housing Benefit and in a manner compatible with the Data Protection Act. Any disclosures or sharing of information will only take place where required or permitted by law. For further information please visit [www.preston.gov.uk](http://www.preston.gov.uk) or [www.lancaster.gov.uk](http://www.lancaster.gov.uk)

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Name and telephone number of person filling in the form  
\_\_\_\_\_

Relationship to person \_\_\_\_\_

Signature of person filling in the form \_\_\_\_\_