Claim form for Discretionary Housing Payments



The Vale of Glamorgan Council can only make Discretionary Housing Payments if it is satisfied that you are in need of additional financial assistance with your Housing Costs. The Authority has been granted very limited funds from which Discretionary Housing Payments are awarded.

Please note that Discretionary Housing Payments cannot be paid for services that are not eligible for Housing Benefit.

As we need to assess your financial situation please fully complete the application form and answer all questions. All information provided will be treated confidentially.

You will need to provide documentary evidence of income and expenditure declared and may also be required to provide evidence of any medical conditions that you wish to be taken into consideration, when looking at your application.

About you

Full name	
A.1.1	
Address	
	a Discretionary Housing Payment for a specific period only, e.g. whilst nospital etc, please confirm the period and your reasons for applying

About your income

Please list below all income that you and/or your partner receive. Income includes:

Benefits – Income Support, Job Seekers Allowance, Incapacity Benefit, Child Benefit, Disability Living Allowance, Tax Credits, etc;

Pensions - State Retirement Pensions, occupational pensions, Disablement Pensions,

Pension Credits, etc;

Earnings – Employed earnings, Self employed earnings, Statutory Sick Pay, Statutory

Maternity Pay, etc.

(Please use a separate sheet if necessary)

Туре	Amount	Weekly/monthly etc.		
Are any of the above Benefits bei amount in order to repay a Social		Yes No		
If Yes, please confirm which Benefit, the weekly amount deducted and when the repayment is due to end.				
About the income of a	any other adults in the	e property		
Please list the income for any adu household:	ult children, other family me	embers or friends living in your		
Туре	Amount	Weekly/monthly etc.		

About your capital, savings and investments

Please list below all capital that you and/or your partner hold. Capital includes:

- Cash
- Money held in a Bank, Post Office or Building Society account.
- Bonds, Stocks, Shares, etc.
- Property

Туре		Amount	Amount		
About the cap	oital of any ot	her adults in	n the property		
Please list all capital de household:	tails of any adult	children, famil	y members or friends, liv	ving in your	
Name	Туре		Amount		
About your example 1	xpenditure				
Please state how much	-	mily spend on t	he following:		
Туре	Amount		Weekly/monthly et	С	
Food and Toiletries					
Insurance					
Water Rates					
Gas					
Electricity					
Telephone					
TV Licence					
Travel					
Other (Please provide details)					
Other (Please provide details					

Please give the value of these savings and investments:

If you are in arrears with your rent and/or Council Tax, have you been bringing your rent and/or Council Tax payments up-to-date?			Yes	No	
If Yes, how have you paid for	r other bills?				
If No, is your Landlord and/or you owe? (Please give detail					
Do you or your family have a Some examples are below:	ny loans/debts that y	ou pay towards	on a regula	ar basis?	
Туре	Amount	W	eekly/month	nly etc.	
Loans					
Catalogue					
Hire Purchase					
Store Cards					
Debts (Please specify)					
Other (Please specify					
Please provide details of what each debt was first incurred.	at each outstanding lo	oan/debt is for a	ınd when w	ere for a	nd when
Please provide details of any confirm when each is expect		oove that are du	ie to expire	this year	r, and

Have you tried to re-negotiate a lower repayment amount for any of the above bills/debts?	Yes		No
If Yes, please provide details. If No, please confirm why this	action	has not taken	place.
Do you, or a member of your household, have friends or family who could provide you with financial assistance?	Yes		No
Do you, or any member of your household, suffer from ill he	alth? If	so, please pro	ovide details.
Do you, or a member of your household, have any special number looking for accommodation? If so, please provide details		hat need to be	considered
Use the box below to tell us anything else you think we should decision.	uld con	sider when ma	aking our

IMPORTANT

You will be required to provide proof of all income and expenditure declared in this application. For each item of expenditure declared, you will be expected to provide the most recent two consecutive bills/receipts/statements etc. If you have specified medical needs, it may also be necessary for you to provide proof of your illness/condition.

• About your rent and accommodation

If you are applying for help towards paying your rent, please answer the following questions. If you are applying for help towards paying your Council Tax only, please proceed directly to the Declaration

Could you afford to make up your rent payments when you first moved in and, if so, what has changed financially?
Have you tried to negotiate a lower rent with your landlord? Yes No
If Yes, what was the response to your request?
If No, please provide details why you have not taken this action.
The two, please provide details why you have not taken this action.
Have you tried to find alternative, cheaper accommodation? If not, please provide reasons.
When is your tenancy due to end?
Are you currently on the Homes4U housing list, or are you awaiting re-housing with any social Yes Iandlord, such as the Vale of Glamorgan Council or any Housing Association?
If Yes, please specify with which organisation and the date you went on the list.
If No, would you consider applying for re-housing with the Council or a Housing Association; if not, why not?

If someone other than the person filling in this form for the person of	n claiming has completed this form, please tell us why you are claiming
Name of the person who filled in the form:	
Signature of the person:	
Relationship to the person claiming:	
Date:	
	Your declaration
Please read this declaration care	fully before you sign and date it.
I understand the following:	
If I give information that is	incorrect or incomplete, you may take action against me.
	on I have provided to process my claim for a Discretionary ay check some of the information with other sources within the ther councils.
for Social Security benefits	tion I have provided in connection with this and any other claims that I have made or may make. You may give some nment organisations, if law allows this.
I know I must let the Council kno my claim, within one calendar mo	ow about any changes in my circumstances, which might affect onth of the change occurring.
I declare the information I have g	given on this form is correct and complete.
Signature of person claiming:	
Date:	