

E. Declaration

Please read this declaration carefully, then sign and date it below.

The information I have given on this form is correct and complete.

- I give you permission to make any necessary enquiries to check the information on this form, which may include, but not be limited to, other sections within the council, other councils and benefit paying authorities or external agencies. These, where allowed by the law, may include credit referencing agencies or Her Majesty's Revenue & Customs.
- I understand that if I give information that is incorrect or incomplete, or if I fail to report any changes which might affect my entitlement I may not only be required to repay any overpaid Discretionary Housing Payments but that action may also be taken against me. This may include prosecution action, the receiving of a financial penalty or a caution.

Your signature:

Your partner's signature:

Date:

If this form has been signed by someone other than the person claiming or their partner

Are you an official appointee or do you have power of attorney to act for this person? Yes No

Please tell us why you are signing this form for the person claiming.

Name and address of the person who signed the form

Your signature: Date:

Phone number: Relationship to the person claiming

J/N 47113-48

Name:

Address:

Postcode:

Date Issued:

Claim Number:

Croesawn ohebiaeth yn y Gymraeg a fydd gohebu yn y Gymraeg ddim yn arwain at oedi. Rhwch wybod inni beth yw eich dewis iaith, y Gymraeg neu'r Saesneg/ We welcome correspondence in Welsh and corresponding with us in Welsh will not lead to a delay. Let us know your language choice if Welsh or English.

Ticiwch yr iaith o'ch dewis/ Tick your choice of language Cymraeg/Welsh Saesneg/English

We may need to contact you. It will help to process your claim quicker if you give your daytime or mobile telephone number here.

Telephone: Email address:

Application for Discretionary Housing Payment

Important Note

You have indicated that you wish to apply for further financial help towards your housing costs. As only limited funds are available to help claimants in need, each claim must be decided on its own merit. Please note we are unable to help with Council Tax costs.

Please complete this form and send it to Bronwydd House, Porth CF39 9DL. If you have any queries or concerns with the completion of this application, you can visit one of the offices listed below by appointment.

'one4aLL' Centres;

Sardis House, Sardis Road, Pontypridd CF37 1DU

Aberdare Library, Green St, Aberdare, CF44 7AG

Porth Plaza, Porth, CF39 9PG

Treorchy Library, Station Road, Treorchy CF42 6NN

Mountain Ash Library, Knight Street, Mountain Ash CF45 3EY

or Housing Advice Centre 11-12 Gelliwastad Road, Pontypridd, CF37 2BW

If you plan to visit a One4all Office, please make an appointment by either accessing the council's website at www.rctcbc.gov.uk/bookit or by telephoning 01443 425005.

For our use only DHPAPP
 Date we received this form (stamp)

Chris Lee CPFA
 Group Director Corporate and Frontline Services
 Cyfarwyddwr Cyfadran y Gwasanaethau Corfforaethol a Rheng Flaen
 Corporate Services, Bronwydd House, Porth CF39 9DL
 Cyfadran y Gwasanaethau Corfforaethol, Bronwydd, Porth CF39 9DL
 Phone/Ffôn: 01443 425002 • Fax/Ffacs: 01443 680661
 Textphone for deaf people/Ffôn Testun am y Byddar: 01443 425015
 E-mail/E-bost: HousingBenefitEnquiries@rctcbc.gov.uk

Please tell us why you are applying for a DHP? (please tick all that apply)

- My benefit has reduced because I am classed as having a spare bedroom.
- I am affected by the benefit income cap.
- My benefit has reduced because of changes to the Local Housing Allowance rate.
- My benefit has reduced because someone has moved out of my home.
- I need financial support to help me move into a smaller property.
- I need financial support while I am seeking employment or more employment.
- My benefit has reduced because I am affected by changes to the HB scheme.
- I cannot afford to pay the difference between my rent and Housing Benefit for other reasons.

Please tell us why here:

A. About your home

1. How much is your weekly rent? £
2. Do you have any rent arrears? Yes No
If 'Yes' please state the amount £
3. Do you have capital/savings? Yes No
If 'Yes' please state the amount £
4. Have you looked for cheaper accommodation? Yes No
If 'Yes' please provide details.

If 'No' please explain why

5. Have you registered on the Common Housing Register? Yes No
6. Have you registered with an Estate Agent/Letting Agency? Yes No
7. Did you move into the property because of a disaster in your home such as a fire or flood? Yes No

If 'Yes' tell us about the disaster below.

Extra Sheet if needed

F. What can you do to help yourself?

Only in exceptional circumstances is an award of DHP a long-term solution for the shortfall between HB and rent. Before an award of DHP can be made it is useful if we have an idea of what action you have considered to resolve the situation.

| Action | The chance this can be achieved? (score of 1-5 where 1 is not possible and 5 is will be done). | Reason why this may be difficult. | Evidence | Target date to achieve Action |
|------------------------|--|---|-----------------------------|-------------------------------|
| <i>Work more hours</i> | 4 | <i>I am on my employer's waiting list for additional hours.</i> | <i>Letter from employer</i> | <i>31/7/14</i> |
| | | | | |
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8. Did you move into the property because you were fleeing violence? Yes No
9. Has your home been specially adapted for a disabled person who is part of your household? Yes No
- If 'Yes' please provide a list of the adaptations.

10. When you first moved into your home could you afford to pay your rent without the help of Housing Benefit? Yes No
- If 'Yes' please tell us about the change of circumstances which led to you applying for Housing Benefit. Give your answer below.

11. I have not been made an alternative offer of accommodation (tick if applicable)

The spare bedroom is used as:

since (enter date):

B. About your family

1. Does anyone in your family need care or support because they are sick, elderly or disabled? Yes No
- If 'Yes' give details below.

2. Has someone in your immediate household died within the last 12 months? Yes No
- If 'Yes' please give their name, date of death and the relationship to you and any costs which you had to pay because of their death.

3. Do you or your partner receive any of the following?

- Disability Living Allowance Yes No
- Attendance Allowance Yes No
- Mobility Allowance Yes No
- A War Pension Yes No
- Personal Independence payment Yes No

4. Do you have a vehicle under the mobility scheme? Yes No

5. Do you have an overnight carer who does not normally live with you? Yes No

C. About you and your household

1. About you and your partner

| | Applicant | Partner |
|---|-----------|---------|
| Name: | | |
| Date of Birth: | | |
| Nino: | | |
| Registered Disability (enter details): | | |
| Medical Condition (enter details): | | |
| If pregnant, enter due date: | | |
| I work for: | | |
| How I get to work: | | |

E. Extra Sheet

E. About your Outgoings

it is important that you list your outgoings as comprehensively as possible, in order for us to accurately assess your circumstances. **Please use extra sheet on next page if necessary.**

| | Yourself (£) | Partner (£) | Weekly (W) | Fortnightly (F) | Monthly (M) |
|-------------------------------------|--------------|-------------|------------|-----------------|-------------|
| Electric | | | | | |
| Gas | | | | | |
| Water Rates | | | | | |
| Housekeeping/Food etc | | | | | |
| Loans/HP or Provident | | | | | |
| Motoring/Travelling Expenses | | | | | |
| Catalogue | | | | | |
| School Meals | | | | | |
| Telephone/Pay as you Go or Contract | | | | | |
| Building/Contents Insurance | | | | | |
| T.V. | | | | | |
| Satellite/Cable/Internet Broadband | | | | | |
| Cigarettes/Alcohol | | | | | |
| Council Tax | | | | | |
| Clothing | | | | | |
| TV and Buy As You View | | | | | |
| Work related costs | | | | | |
| Expenditure due to disability | | | | | |
| Other - Please Specify | | | | | |
| TOTAL | | | | | |

2. About your children

If you do not have children go to section 3

If you have more than six children please fill in the extra page provided.

| | Oldest Child | Second Child | Third Child |
|--|--------------|--------------|-------------|
| Name: | | | |
| Date of Birth: | | | |
| Boy or Girl: | | | |
| Registered Disability (enter details): | | | |
| Medical Condition (enter details): | | | |
| If pregnant, enter due date: | | | |

Tick all that apply

| | Oldest Child | Second Child | Third Child |
|---|--------------------------|--------------------------|--------------------------|
| Foster child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A child that is not fostered but I care for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At nursery (part-time) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At nursery (full-time) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In primary school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In junior school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In secondary school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At college inc. sixth form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At university | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking an exam course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In work training scheme | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In an apprenticeship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In part time work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In full time work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On military service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Shared responsibly with a former partner - Oldest Child

| | | | |
|--|--|--|--|
| Child benefit is paid to: | | | |
| Number of nights per week spent in your household: | | | |

Shared responsibly with a former partner - Second Child

| | | | |
|--|--|--|--|
| Child benefit is paid to: | | | |
| Number of nights per week spent in your household: | | | |

Shared responsibly with a former partner - Third Child

| | | | |
|--|--|--|--|
| Child benefit is paid to: | | | |
| Number of nights per week spent in your household: | | | |

| | Fourth Child | Fifth Child | Sixth Child |
|--|--------------|-------------|-------------|
| Name: | | | |
| Date of Birth: | | | |
| Boy or Girl: | | | |
| Registered Disability (enter details): | | | |
| Medical Condition (enter details): | | | |
| If pregnant, enter due date: | | | |

Tick all that apply

| | Fourth Child | Fifth Child | Sixth Child |
|---|--------------------------|--------------------------|--------------------------|
| Foster child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A child that is not fostered but I care for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At nursery (part-time) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At nursery (full-time) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In primary school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In junior school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In secondary school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At college inc. sixth form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At university | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking an exam course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In work training scheme | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In an apprenticeship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In part time work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In full time work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On military service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Shared responsibly with a former partner - Fourth Child

| | | | |
|--|--|--|--|
| Child benefit is paid to: | | | |
| Number of nights per week spent in your household: | | | |

Shared responsibly with a former partner - Fifth Child

| | | | |
|--|--|--|--|
| Child benefit is paid to: | | | |
| Number of nights per week spent in your household: | | | |

Shared responsibly with a former partner - Sixth Child

| | | | |
|--|--|--|--|
| Child benefit is paid to: | | | |
| Number of nights per week spent in your household: | | | |

D. About your income

Please give details below of all your income.

| | Yourself (£) | Partner (£) | Weekly (W) | Fortnightly (F) | Monthly (M) |
|--------------------------------|--------------|-------------|------------|-----------------|-------------|
| Wages/Salary | | | | | |
| Job Seekers Allowance | | | | | |
| Income Support | | | | | |
| Incapacity Benefit | | | | | |
| Pension | | | | | |
| Working/Child Tax Credit | | | | | |
| Child Benefit | | | | | |
| Maintenance | | | | | |
| Employment & Support Allowance | | | | | |
| Fostering Allowance | | | | | |
| Universal Credit | | | | | |
| Bank Accounts | | | | | |
| Bonds/Shares | | | | | |
| Building Society | | | | | |
| ISA | | | | | |
| Savings | | | | | |
| Other (Please Specify) | | | | | |
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| | | | | | |
| TOTAL | | | | | |

Please read carefully.

In the following sections you will be asked about your financial situation and what options are open to you to be able to change things.

It is important that you tell us as much as possible so that both you and the Council have an understanding of your situation and what can be done to help.

In the next section we ask about the finances of you and your partner. We do not need to know the income and expenditure of other adults living in your home (non-dependants). However, you should include any rent or financial assistance that they pay you for living in your home.

We have supplied you with a booklet that will help you identify money that you have coming in and going out. The items listed in the booklet are a guide. This is not a complete list of possible income or expenses and some of the examples might not apply to your household.

2. Extra Sheet

3. About other people in the household

If there are no other people in your household go to section D but first read the notes on page 10.

If you have more than 3 other people please fill in the extra sheet provided.

| | First Person | Second Person | Third Person |
|--|--------------|---------------|--------------|
| Name: | | | |
| Date of Birth: | | | |
| Male or Female: | | | |
| Registered Disability (enter details): | | | |
| Medical Condition (enter details): | | | |
| If pregnant, enter due date: | | | |
| Monthly gross weekly income if known: | | | |
| How much do they contribute to the household expenses? | | | |

| Tick all that apply | First Person | Second Person | Third Person |
|--|--------------------------|--------------------------|--------------------------|
| Retired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At college | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At University | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking an exam course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In work training scheme | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In an apprenticeship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In part time work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In full time work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In receipt of ESA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In receipt of JSA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In receipt of Pension Credit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In receipt of Universal Credit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In receipt of Income Support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In receipt of State Retirement Pension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Extra Sheet