Application for Discretionary Payments to help with your rent and council tax

What are Discretionary Payments?

Discretionary Payments (DPs) are payments to help people with their rent and council tax. We cannot help with some parts of your rent, for instance if meals, heating, lighting, hot water or water rates are included.

You must be getting Housing Benefit or Council Tax Reduction or Universal Credit, to receive a DP. The DP fund is cash-limited.

How to apply for a Discretionary Payment

We will need to see bank printouts for at least the last 30 days from the time you submit your DP application, for all bank accounts, building society accounts and savings accounts held for yourself and your partner (if applicable).

If you recieve Universal Credit you will need to provide a breakdown of your award from The Department for Work and Pensions. You can get this from your online journal.

To help us decide whether you should get more help please answer ALL the questions on this form.

If a Benefits Officer helps you complete this form, it does not guarantee that you will be successful in your application. A Benefits Officer cannot advise you what to say.

Please use another sheet of paper if you need more room to answer any of the sections.

Opening times:

Reception: Bartholomew House, Bartholomew Square, Brighton, BN1 1JE – 9:00am to 4:30pm
Phone enquiry line: 01273 292000 – 9:00am to 5:00pm

Claims can also be handed in at the housing offices:

Portslade Town Hall – Victoria Road, Portslade, BN41 1YF
Lavendar Street – Kemp Town, Brighton, BN2 1JU
• Monday to Thursday: 9am to 1pm and 2pm to 5pm
• Fridays: 9am to 1pm and 2pm to 4:30pm
Whitehawk Hub – 179a Whitehawk Road, Brighton, BN1 5FL
• Monday to Thursday: 9am to 5pm
• Fridays: 9am to 4:30pm
A  Your details

Your name

Your email address

Your daytime contact number

Your address

National Insurance number

Could you afford the rent when you first moved in?

What was your previous address?

Why did you leave your previous address?

B  Please tell us what help you need

Would you like help with your

☐ Rent & Council Tax  ☐ Council Tax  ☐ Rent

Please tell us how long you need this help for:

From [DD / MM / YYYY] Until [DD / MM / YYYY]

If longer than 26 weeks, please tell us how long and why this would help:

Why do you need the help for the period above?
C Please tell us about any arrears you have
If you do not have any arrears, please go to Section D

Do you have rent arrears?
☐ Yes  ☐ No

How much are your rent arrears?
£

What period do they cover?
DD / MM / YYYY to DD / MM / YYYY

What action has your landlord taken to recover your rent? (Please send us proof of any action taken)
☐ Court Action  ☐ notice of seeking possession  ☐ notice to quit  ☐ a letter  ☐ a payment plan  ☐ other, please specify:

Do you have Council Tax arrears?
☐ Yes  ☐ No

How much are your Council Tax arrears?
£

What period do they cover?
DD / MM / YYYY to DD / MM / YYYY

D Your accommodation

Please tell us how your accommodation is suitable for you (and your family)

eg has it been adapted specifically for you and/or a member of your family if you have a disability?
eg do you need a lift or ground floor accommodation?
eg do you need an extra room because you need a carer or because you have shared custody of a child or children?
eg do you need an extra room as you are a foster carer?

Have you or a member of your family any health problems or disabilities?

If yes, please give details in the space below. Please enclose any supporting evidence when you return this form (eg doctor’s letters, hospital or clinic appointments, medical certificates). Also tell us how your accommodation is particularly suitable for you or a member your family with these health problems or disabilities?

Would you have difficulty finding more suitable accommodation due to these physical or mental health problems?
E  Alternative accommodation

Have you tried to find alternative accommodation?

eg have you registered with Homemove, the Council or a Housing Association?
eg how have you tried to find cheaper accommodation?

F  Suitability

Please tell us how the area is suitable for you and/or your family.

eg is it near your children’s school or nursery?
eg are you near your family who provide you with support of some kind?
eg is it near a clinic or hospital that you attend on a regular basis?

G  Mobility

Do you or a member of your family have mobility problems which mean you need easy access to public transport or shops, etc?

eg do you need to live in a flat area because of your disability and/or are near to public services?

H  What you can afford

In addition to my housing benefit or Housing Cost through Universal Credit, I can afford from my own money:

£  towards my weekly rent

In addition to my council tax reduction, I can afford from my own money:

£  towards my weekly Council Tax

Do you have multiple debts and would like information about further financial support available in the city? Please tick here

Yes  No

Do you have a social worker or a key worker?  Yes  No

Do you give us permission to contact this person about your application?  Yes  No

If yes, what is their name, the organisation they work for, and their telephone number?
I Universal Credit

If you do not claim Universal Credit please go straight to Section J

Please send us a breakdown of your Universal Credit award and an up to date signed Tenancy Agreement which shows proof of the rent you are charged including any service costs and your landlord contact details such as full name, address and phone number.

If you do not receive Housing Benefit because you receive the Housing Element of Universal Credit, we need to decide how to pay your Discretionary Housing Payments.

Please tick if you want: Payment to landlord ☐ Payment to you ☐ (Please note, we will have to contact your landlord regarding the payments)

Please give the bank details of who the DHP payment should be made to:

Name of person payable to: ____________________________

Bank/Building Society name and address: ____________________________

Sort Code: ___________ - ___________ - ___________ Account / Roll Number: ___________

J Changes

Please tell us about recent or future changes affecting you (or a member of your family) that we should take into account?

eg you are expecting a baby or have just had one, a recent bereavement, a rent increase, a relationship breakdown, moving home, starting or leaving work, changes in your income, someone leaving your household, etc
### K Financial Assessment Form

This section is very important. Please complete as fully as possible to help us reach a decision.

<table>
<thead>
<tr>
<th>Your weekly income</th>
<th>you</th>
<th>partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>net earnings from employment</td>
<td></td>
<td></td>
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<tr>
<td>income support / jobseekers allowance</td>
<td></td>
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<tr>
<td>universal credit</td>
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<tr>
<td>working and/or child tax credit</td>
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<tr>
<td>incapacity benefit/employment support allowance</td>
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<td></td>
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<tr>
<td>disabled living allowance/attendance allowance/personal independence payment</td>
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<tr>
<td>housing benefit</td>
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<td>council tax reduction</td>
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<td>child benefit</td>
<td></td>
<td></td>
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<tr>
<td>maintenance</td>
<td></td>
<td></td>
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<tr>
<td>retirement pension / works pension</td>
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<tr>
<td>any other state benefit e.g. Carers Allowance</td>
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<td></td>
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<tr>
<td>money received from parents / friends</td>
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<tr>
<td>any other income (please state source)</td>
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</table>

**total weekly income (a)**

### total amount of Capital

<table>
<thead>
<tr>
<th>Your weekly outgoings</th>
<th>you</th>
<th>arrears, if any</th>
</tr>
</thead>
<tbody>
<tr>
<td>rent</td>
<td></td>
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<tr>
<td>council tax</td>
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<td>electricity</td>
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<td>gas</td>
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<td>water rates</td>
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<tr>
<td>tv licence / rental</td>
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<td>telephone / internet</td>
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<td>food</td>
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<tr>
<td>household products</td>
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<tr>
<td>clothing</td>
<td></td>
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<td>car / transport</td>
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<tr>
<td>maintenance</td>
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<tr>
<td>fines</td>
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<tr>
<td>insurance</td>
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<td>entertainment/socialising</td>
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<td>other outgoings (please say what they are)</td>
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</table>

**total weekly outgoings (b)**

**weekly income less weekly outgoings (a less b)**

<table>
<thead>
<tr>
<th>Credit debts: name of creditor</th>
<th>balance owing</th>
<th>repayment offer (if any)</th>
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<tbody>
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<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
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</tbody>
</table>

**total monthly or weekly repayments**
L Declaration

- I will tell you if any of the details on any of the correspondence you send me are incorrect.
- The information I have given is true and correct. If any of the information is found to be untrue, and I get too much discretionary award or reduction, the council can ask me to pay it back and may prosecute me.
- I will write to you straightaway if there are any changes in my circumstances so that you can work out my benefit and/or reduction again. If I do not, and it leads to getting too much discretionary award or reduction, the council can ask me to pay it back and may prosecute me.

How we collect and use information

This authority is under a duty to protect the public funds it administers. We may check information that you provide, or information provided by a third party with other information we hold to check the accuracy of information; to prevent or detect crime; and to protect public funds in other ways, as permitted by law. We will also use the information collected on this form to help us improve services and to identify gaps or barriers to accessing our services.

We may also share this information with other council departments or bodies administering public funds for these purposes. We may also use this information to put you in touch with council services that may be able to help you. We will not disclose information about you to anyone, unless the law permits us to.

The council is the Data Controller for the purposes of the Data Protection Act 2018. If you want to know more about the information we have about you, or the way we use your information please email data.protection@brighton-hove.gov.uk or call 01273 295959.

Please sign and date the form below (if you have a partner they should also sign and date below)

You
Date

Your Partner
Date

If someone else has filled in this form on your behalf please say why below and ask them to sign and date this form.

Signature
Date

Reason

Please return this form together with the necessary documentary proof to:
Post it: Revenues and Benefits, Brighton & Hove City Council, PO Box 2929, Brighton BN1 1PS
Email it: LDSF@brighton-hove.gov.uk
or bring in to the Customer Service Centre, Bartholomew House, Bartholomew Square, Brighton BN1 1JE.

Useful contacts

Brighton Housing Trust
114 London Road, Brighton, BN1 4PH
Tel: 01273 234737

St Luke's Advice Service
18 Exeter Street, Brighton, BN1 5PG
Tel: 01273 549203

Moneyworks
Tel: 01273 809288

Citizens Advice
Hove Town Hall,
Tisbury Road,
Hove, BN3 3BQ
Tel: 01273 223951