

# Application for discretionary payment to help with rent in advance

Claim ref

## What is a discretionary payment for rent in advance?

You can make an application for funding if you need to pay rent as a lump sum in advance of moving into a new property. The criteria for this are that you must have a current claim for housing benefit, that you have already found somewhere to move to, and have reached an agreement with the prospective landlord or agent.

## How to apply

To help us reach a decision you should answer the questions on this form. Please provide as much detail as possible to help us make a fully informed decision.

### **Please return the form to us with the following supporting evidence:**

- Proof of the prospective tenancy, such as a tenancy agreement or an official letter from the landlord giving details of the tenancy and how much rent in advance they are asking for.
- A print out of the last 30 days transactions from all bank/ building society accounts that you hold, to confirm you cannot fund the rent in advance yourself.

We will also check that the tenancy you wish to take is affordable for you and is within your Local Housing Allowance band. You can find out more about your LHA band by visiting our website [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk).

Please contact the Benefits Office if you need help to fill in this form. Please note a Benefits Officer can not advise you on what to say.

### **You can return the form along with required evidence using one of the methods listed below.**

By email – [housing.benefits@brighton-hove.gov.uk](mailto:housing.benefits@brighton-hove.gov.uk)

In person – The Customer Service Centre at Bartholomew House, Bartholomew Square, BN1 1JE  
Open from 8.45 am to 4.30 pm Monday to Friday.

By post – The Benefits Service, Brighton and Hove City Council, PO Box 2929, BN1 1PS

<b>Full Name:</b>			
<b>Current Address:</b>			
<b>Application Address:</b> (The address you require rent in advance for)			
<b>Housing Benefit Reference:</b>		<b>National Insurance Number:</b>	
<b>Home phone number:</b>		<b>Mobile Phone Number:</b>	
<b>Email address:</b>			

<b>Amount of rent in advance applied for:</b>	£			
<b>Period rent in advance is for:</b>	<b>From</b>	Date	<b>To</b>	Date
<b>New landlord name and address:</b>				
<b>New agent name and address:</b>				
<b>Are you or any member of your household related to the landlord or agent?</b> If yes, please give details.				

**Please provide account details of the landlord/agent. We will pay the landlord/agent directly.**

<b>Account holder name:</b>			
<b>Account number:</b> (8 digits)	_____	<b>Sort code:</b> (6 digits)	___ - ___ - ___
<b>Roll Number:</b> (Building society accounts)			
<b>Name of bank or building society:</b>			

<b>Why do you want to move to this address? E.g. is it more affordable? Is it a more suitable size? Is it adapted for your needs?</b>

**Are there any friends/family that can help you meet the cost or part of the cost of the rent in advance?**

**Have you ever received assistance from the council with rent in advance or a deposit before?** If yes, please give details (amount, date received, address etc.).

**Have you attempted to negotiate the rent in advance or the rent you have to pay?**  
E.g. would they reduce the rent or rent in advance if we pay them directly?

<b>How many bedrooms will the new accommodation have?</b>	
<b>How many bedrooms are there in your current accommodation?</b>	
<b>How much will the rent be at the new accommodation?</b> (we will look at whether this is an affordable rent)	£
<b>How much is the rent in your current accommodation?</b>	£

**Who will be living with you in the new property?**  
E.g. family, friends, joint tenants.

<b>Name</b>	<b>Date of Birth</b>	<b>Relationship to you</b>

**Are you expecting the number of people living with you to change in the near future?**  
E.g. is anyone expecting a child or adopting a child? Is a child moving back home?

**Do any children in the household require a separate bedroom for medical reasons?**

Please provide details and documentary evidence of the medical condition.

**Do you or any member of the household require an overnight carer?** Please give as much detail as possible. E.g. how many nights do they stay over, do they normally live in your home, and will you have a spare room for the carer to stay in?

**Are any non dependents in the household able to assist with the rent in advance? If so, how much? If not, please explain why?** A non dependent is anybody, other than your partner or children that you receive housing benefit for, such as a relative or family friend who lives as part of your household. The Government expects non dependents to make some contribution to housing costs.

**Additional information.** Please use this space to provide any additional information which may help support you application.

## Financial assessment

This section of the form is very important. Please complete this section as fully as possible to help us reach a decision. You should complete the information based on your current circumstances in your current property.

<b><u>Income Type</u></b>	<b><u>You (weekly)</u></b>	<b><u>Partner (weekly)</u></b>
Net earnings from employment (i.e. after deductions)		
Income Support /Job seekers allowance		
Working and/or child tax credit		
Incapacity benefit/employment support allowance		
Universal credit		
Disability living allowance/attendance allowance/personal independence payment		
Housing benefit		
Council tax reduction		
Child benefit		
Pension		
Any other state benefit		
Money received from parents/friends		
Any other income (please state)		
Total weekly income	£	£

<b><u>Capital Type</u></b>	<b><u>You</u></b>	<b><u>Partner</u></b>
Bank accounts		
Building society/Post Office accounts		
Other savings		
Total amount of capital	£	£

<b><u>Outgoings</u></b>	<b><u>You (weekly)</u></b>	<b><u>Partner (weekly)</u></b>
Rent		
Council tax		
Electricity		
Gas		
Water rates		
TV licence		
Telephone		
Food		
Household products		
Clothing		
Car/transport		
Maintenance		
Fines		
Other outgoings (please advise what they are)		
Total weekly outgoings	£	£

<b><u>Credit debts (list creditors)</u></b>	<b><u>Balance owing</u></b>	<b><u>Repayment offer</u></b>
1.		
2.		
3.		

# Declaration

**You and your partner (if applicable) must read this carefully before you sign.**

- This is my / our claim for a Discretionary Payment.
- The information I / we have given on this form is correct and complete as far as I / we know
- I / we give permission to you to check the information I/we have given with any of the sections of the council, the Rent Officer, other councils and benefit authorities
- I / we give permission for you to contact my/our prospective landlord
- I / we understand that I / we must tell the council's Benefits Team in writing about any changes in my / our circumstances that may affect my / our Housing Benefit
- I / we understand that I / we have to tell the Benefit Service about any changes to my / our Income Support, Pension Credit, Jobseekers Allowance or any other benefits.
- I / we understand that the Benefit Agency, Pension Service or Job Centre Plus are not responsible for giving this information and that I / we must tell the Benefits Team myself.
- I / we understand that the Benefit Service may use the information I / we have given on this form to detect and prevent fraud, including sharing this information with other organisations and Government departments.
- I / we understand that I / we may be prosecuted if I / we give information that is not correct or complete, or if I / we do not report any changes of circumstances, which might affect my benefit.
- **I / we have read and understood this declaration.**

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

	Signature	Date
Signature of applicant	<input type="text"/>	<input type="text"/>
Partner's signature	<input type="text"/>	<input type="text"/>

If the form was completed by someone other than the person applying, complete the following

Name of person who filled in the form	<input type="text"/>	
Signature of person	<input type="text"/>	Date <input type="text"/>
Relationship to the person claiming	<input type="text"/>	

**PLEASE RETURN THIS FORM TOGETHER WITH THE NECESSARY DOCUMENTARY PROOF TO:**

**[housing.benefits@brighton-hove.gov.uk](mailto:housing.benefits@brighton-hove.gov.uk)**

**or**

The Customer service Centre at Bartholomew Square which is open from 8.45 am to 4.30 pm Monday to Friday.

**or**

The Benefits Service, Brighton and Hove City Council, PO Box 2929, BN1 1PS

Telephone: **01273 292000** (9am to 5pm)

Minicom: **01273 290333**

Fax number: **01273 291234**

Website: **[www.brighton-hove.gov.uk/benefits](http://www.brighton-hove.gov.uk/benefits)**