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|  | Revenues & Benefits  P O Box 4749  SHREWSBURY  SY1 9GH  Contact: Benefits Service  Direct Line: 0345 678 9001  Email: benefits@shropshire.gov.uk  Ref:  Date: |

Dear

**Discretionary Housing Payments (DHP) Application - Removals**

Please find attached an application for a Discretionary Housing Payment (DHP) for removal costs.

Please make sure that you provide as much information as you can to explain your circumstances, especially money that you are having to pay out and why this is. This will help us to make a fair decision on your application.

If you have a support worker, please let them know that you are making an application. You may want to ask your support worker to help you with the form or they may want to provide you with a letter to support your application.

DHPs for removal costs are available to vulnerable people in the community who may require financial assistance with housing related costs to secure a tenancy at a new property. A DHP should be considered as a last resort when all other avenues of support have been exhausted.

In order to qualify for an award, you must either already receive Housing Benefit or will be entitled to it at your new property in our area. Persons in receipt of Universal Credit may also be eligible for the scheme.

Shropshire Council has a limited amount of money available to spend and whilst we may not be able to help everyone who asks for our help we will use these payments to help avoid hardship or homelessness, particularly for more vulnerable people and to help people through family crisis or difficult life events.

To be successful with an application you need to demonstrate why the money is required, why you need to move and how you meet the aims of the scheme. Your claim may be refused if the property is determined too expensive or inappropriate for your needs or if we decide that your move isn’t necessary.

We will advise you in writing of our decision. Any payments will be made direct to the removals company.

If we decide that we can’t make an award, we will write and tell you the reasons for our decision.

If you have any queries, please contact us on 0345 678 9001. When you contact us, please quote your claim reference number as this will help us provide a more efficient service.

Yours sincerely,

On behalf of

Leigh Becker

Benefits Manager

Shropshire Council

**DISCRETIONARY HOUSING PAYMENT REQUEST**

Discretionary Housing Payments (DHP) can be awarded to help customers with removal costs. To be considered for an award you need to show that you are unable to meet these costs yourself.

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| **For office use** | Reference No: \*Auto populate\* |
| Date of issue: \*Auto populate\* | Date received: |

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| **About you** | | | | | |
| **Forenames** |  | | **Surname** | |  |
| **Address** |  | | | | |
| **Post Code** |  | | **National Insurance Number (NINO)** | |  |
| **Date of Birth** |  | **Email Address** | |  | |
| **Home Phone** |  | | **Mobile Phone** | |  |

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| **Why are you applying for a Discretionary Housing Payment?** |

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| Please give as much detail as possible, including reasons why you need to move into a new property, why you need to leave your existing property (if applicable) and the reasons the property you have found meets your needs. **If you are leaving your property due to eviction please provide evidence.** Please continue on a separate sheet if needed.  **PLEASE NOTE:**  If you have been in receipt of certain state benefits for 26 weeks or more you may be eligible to receive a Budgeting Loan from the Department for Work and Pensions on (0345 603 6967) and you should investigate this option before applying for a DHP. |

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| **People who live with you** | | | | | | | | | |
| Tell us about the people who will be living with you in your new property. | | | | | | | | | |
| Do you have a partner who will be living with you?  If YES, provide their details below: | | | | | **Yes No** | | | | |
| **Forename(s)** | | **Surname** | | **Date of Birth** | | **National Insurance no.** | | | |
|  | |  | |  | |  | | | |
| Tell us about any children who you are responsible for who will be living with you: | | | | | | | | | |
| **Forename** | **Surname** | | **Relationship to**  **you**  **(i.e. son, daughter)** | **Date of Birth** | | **Do you receive Child Benefit for them?** | | | |
|  |  | |  |  | | **Yes** |  | **No** |  |
|  |  | |  |  | | **Yes** |  | **No** |  |
|  |  | |  |  | | **Yes** |  | **No** |  |
|  |  | |  |  | | **Yes** |  | **No** |  |
|  |  | |  |  | | **Yes** |  | **No** |  |
|  |  | |  |  | | **Yes** |  | **No** |  |
|  |  | |  |  | | **Yes** |  | **No** |  |

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| **Non dependants** | | | | | |
| Tell us about anybody who is going to be living in your new property, who is over the age of 16 and who you will NOT be claiming benefit for. | | | | | |
| **Forename(s)** | **Surname** | | **Date of Birth** | | **Gender**  (male or female) |
|  |  | |  | |  |
| **Their Employment Status** | **Their Weekly Income** | **National Insurance no.** | | **Relationship to you**  **(i.e. friend, lodger)** | |
|  | **£** |  | |  | |
|  | | | | | |
| **Forename(s)** | **Surname** | | **Date of Birth** | | **Gender**  (male or female) |
|  |  | |  | |  |
| **Their Employment Status** | **Their Weekly Income** | **National Insurance no.** | | **Relationship to you**  **(i.e. friend, lodger)** | |
|  | **£** |  | |  | |
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| **What address are you moving to?** |
| **NB: We need proof from your prospective landlord to confirm you have been offered the property. If you have asked for a DHP for a deposit and rent in advance, we will need to know that this has been granted before we consider your request.** |

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| **About the move** | | | | |
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| **How many bedrooms are in the property are you moving from?** | | | | |
| **How many bedrooms are in the property are you moving to?** | | | | |
| **IMPORTANT**  **Please provide two quotes for your removal costs. These should be reasonably-priced quotes and you should consider all options, including ‘man with a van’. The companies you choose will need to be happy with invoicing us for payment after the removals have been completed.** | | | | |
| **How much is quote 1? £ Please provide the quote as evidence** | | | | |
| **How much is quote 2? £ Please provide the quote as evidence** | | | | |

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| **Other help** | | |
| **Have you asked friends or family if they are able to lend or give you the money you require?** | **Yes No** | |
| Please tell what support your friends and family are able to provide; | | |
| **Have you applied for a Budgeting Loan from the Department of Work and Pensions?** | **Yes No** | |
| If **Yes**, how much have you been offered? | **£** |  |
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| If you have applied but have not yet been given a decision please confirm on what date you applied: |  |  |
| If **No**, please give your reasons for not applying; | | |

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| **If you have a support worker** | | | | |
| **Do you have a support worker?** | **Yes No** | | If “YES” give details below | |
| **What is your support worker’s name?** | |  | | |
| **Which organisation do they work for?** | |  | | |
| **Please provide their contact number:** | |  | |  |
|  | | | | |
| **Has your support worker assisted you with this form?** | | | **Yes No** | |
| **Has your support worker provided you with budgeting advice?** | | | **Yes No** | |
| **Has your support worker offered to assist you with moving to more affordable accommodation?** | | | **Yes No** | |
| **Has your support worker checked that you are receiving your correct benefit and tax credit entitlement?** | | | **Yes No** | |
| **What is the result of any discussions you have had with your support worker?** | | | | |
| **Can we discuss your case with your support worker?** | | | **Yes No** | |

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| **About health issues** | | | | |
| **Do you or anybody who lives with you have any physical or mental health problems, disabilities or special needs?** | | **Yes No** | | |
| **If “YES” please give details below;** | | | | |
| **Has the property you are moving to been specially adapted to suit disability or health needs?** | | **Yes No** | | |
| **If “YES” please give details below;** | | | | |
| **Are you or anyone else living with you pregnant?** | | | **Yes No** | |
| **If “Yes” who is pregnant?** |  | | |  |
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| **On what date is the baby due?** |  | | |  |
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| **Income** |

**Tell us about all the income you and your partner receive and how often it is paid. We will use information already held by Shropshire Council, the DWP and HMRC to verify the information you have provided.** (Please clarify the amount in the relevant column**).**

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| **Income Type** | **Weekly** | **Fortnightly** | **4 Weekly** | **Monthly** |
| Your Earnings | £ | £ | £ | £ |
| Your Partners Earnings | £ | £ | £ | £ |
| Income Support | £ | £ | £ | £ |
| Job Seekers Allowance | £ | £ | £ | £ |
| Employment and Support Allowance | £ | £ | £ | £ |
| Universal Credit Personal Allowance | £ | £ | £ | £ |
| Universal Credit Housing Allowance | £ | £ | £ | £ |
| Statutory Sick Pay | £ | £ | £ | £ |
| Maternity Pay | £ | £ | £ | £ |
| Working Tax Credit | £ | £ | £ | £ |
| Child Tax Credit | £ | £ | £ | £ |
| Child Benefit | £ | £ | £ | £ |
| Child Maintenance | £ | £ | £ | £ |
| Board From a Family Member | £ | £ | £ | £ |
| Board from Lodger | £ | £ | £ | £ |
| Attendance Allowance | £ | £ | £ | £ |
| PIP Living or DLA Care | £ | £ | £ | £ |
| PIP or DLA Mobility | £ | £ | £ | £ |
| Industrial Injuries Disablement Benefit | £ | £ | £ | £ |
| State Retirement Pension | £ | £ | £ | £ |
| Pension Credit | £ | £ | £ | £ |
| Private Pension | £ | £ | £ | £ |
| War Pension | £ | £ | £ | £ |
| Other Income: | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
| **TOTAL** | **£** | **£** | **£** | **£** |

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| **Income (continued)** |

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| **Have you opted to use your DLA or PIP mobility to obtain a Motability Vehicle?** | **Yes No** | | | | | |
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| **Do you have a non-dependant living in your household?** | | **Yes** |  | **No** |  | |
| (By non-dependant we mean a person over the age of 16 who you do not claim benefit for) | | | | | | |
| **How much money do they give you for board ?** | |  | | | |  |
| **If the don’t pay board, please explain why:** | | | | | | |
|  | | | | | | |
| **Can you ask them to increase the amount they give you?** | | **Yes** |  | **No** |  | |
| If **“NO”** please explain why not: | | | | | | |
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| **Savings and capital** | | |
| **Please tell us about any capital you and your partner hold, even if you have a zero balance or are overdrawn** (This includes money held in current accounts and post office card accounts) | | |
| **Type of account/capital** | **Account number** | **Balance (at date of claim)** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
| **Please send us statements for all the accounts you and your partner own showing (at least) the last 2 months transactions and balances** (photocopies will not be accepted). | | |

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| **Please explain any large withdrawals from your bank accounts below** |
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| **Expenditure** |

**Please tell us about the money you regularly pay out.** (If we feel that you have used a figure that is unrealistic we may choose to reduce it to a lower figure or request evidence to verify this)

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| **Expenditure Type** | **Weekly** | **Fortnightly** | **Monthly** |
| Rent | £ | £ | £ |
| Water | £ | £ | £ |
| Electricity | £ | £ | £ |
| Gas / Heating Oil | £ | £ | £ |
| TV License | £ | £ | £ |
| TV Subscription | £ | £ | £ |
| Home Telephone | £ | £ | £ |
| Mobile Telephone | £ | £ | £ |
| Internet | £ | £ | £ |
| Food and Housekeeping | £ | £ | £ |
| Meals at Work | £ | £ | £ |
| Home Insurance | £ | £ | £ |
| Life Insurance | £ | £ | £ |
| Public Transport | £ | £ | £ |
| Car MOT | £ | £ | £ |
| Car Tax | £ | £ | £ |
| Car Insurance | £ | £ | £ |
| Petrol / Diesel | £ | £ | £ |
| Clothing and Shoes | £ | £ | £ |
| Pet Food (please state what pets you have) | £ | £ | £ |
| Pet Insurance | £ | £ | £ |
| Child Maintenance Payments | £ | £ | £ |
| State any expenditure related to **Child Care** below: |  |  |  |
|  | £ | £ | £ |
|  | £ | £ | £ |
| State any expenditure related to **Disability** below: |  |  |  |
|  | £ | £ | £ |
|  | £ | £ | £ |
| State any **other** expenditure below: |  |  |  |
|  | £ | £ | £ |
|  | £ | £ | £ |
|  | £ | £ | £ |
| **Total** | **£** | **£** | **£** |

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| **Outstanding debts** |

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| **Debt** | **Nothing Paid at Present** | **Weekly** | **Fortnightly** | **Monthly** | **Balance Outstanding** |
| Credit Card |  | £ | £ | £ | £ |
| Loans |  | £ | £ | £ | £ |
| Hire Purchase |  | £ | £ | £ | £ |
| Catalogue |  | £ | £ | £ | £ |
| Social Fund Loan |  | £ | £ | £ | £ |
| Benefit Overpayment |  | £ | £ | £ | £ |
| Tax Credit Overpayment |  | £ | £ | £ | £ |
| Court Fines |  | £ | £ | £ | £ |
| Rent Arrears |  | £ | £ | £ | £ |
| Council Tax Arrears |  | £ | £ | £ | £ |
|  |  | £ | £ | £ | £ |
| **Total** |  | **£** | **£** | **£** | **£** |

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| **Have you approached any of your creditors to ask them if they can reduce or suspend your repayments?** | **Yes** |  | **No** |  |
| If **“Yes”** please tell what was the result? | | | | |
| **Have you engaged with debt advice services in order to clear or to re-structure your debts?** | **Yes** |  | **No** |  |
| If **“Yes”** please tell us who with and the result?  *If you have not spoken to your creditors or sought independent debt advice you may be asked to do so as part of any DHP decision.* | | | | |

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| **Contracted Expenditure** |

**Please tell us if any of your stated expenditure is under contract and when it expires.**

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| **Contracted Expenditure Type** | **Company Contracted to** | **Contract Expiry Date** |
| Home Telephone |  |  |
| Mobile Telephone |  |  |
| Internet |  |  |
| TV Subscription |  |  |
| State any other contracted expenditure below: |  |  |
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| **Your bank account details** | | | | |
| If we decide that we can help you, we will need your bank account details.  (Please note that we can’t make payments into post office accounts). | | | | |
| **Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sort code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *(If applicable)* | | | | |
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| **Declaration** | | | | |
| I the undersigned have read and understood the following and hereby declare that;  ● The information given on this form is full, correct and complete and that if I knowingly provide incorrect or incomplete information, I may be liable to prosecution or other action under the Social Security Administration (Fraud) Act 1992.  ● I will inform Shropshire Council of any information that may affect the outcome of my application after I have made it. If I do not, I may have to pay some or all of the award back.  ● I understand that Shropshire Council will use the information provided in my Housing Benefit/Council Tax Support application when considering an award.  ● I understand that Shropshire Council may share the information on this form or make enquiries with other government organisations and interested third parties to assist with my welfare, if the law allows.  ● I understand that Shropshire Council may contact these organisations to gather or share information to help make a decision on my application and to prevent fraud.  ● I understand that if someone else has helped me to complete my form, Shropshire Council may contact that person to gather additional information.  ● I agree that Shropshire Council will contact my support worker if I have one, to gather any other relevant information that will help them make a decision on my application, and may inform them of the DHP decision, recommendations attached to the decision and any other information deemed to be relevant in my case, and hereby give my permission.  ● I understand that if Shropshire Council believe I will benefit from support, they will refer me for assistance from the support organisation SUSTAIN or from Shropshire Support Partnership.  ● I understand that Shropshire Council reserve the right to assume a reduced expense figure if they feel the expenditure I have stated is significantly high. | | | | |
|  | | | | |
| Signatures: | | | | |
| **Customer** | | | **Partner** | |
| Signature | Date | | Signature | Date |
|  | |  |
| **To be completed by your Support Worker if assisting to complete this form:** | | | | |
| I have assisted the applicant to complete the form with details they have provided.  I declare that as far as possible I have confirmed with the applicant that the information I have written on this form is correct. | | | | |
| Name | | Signature | | Date |
|  | |  | |  |