|  |  |
| --- | --- |
| **Full Name** |  |
| **Claim Number** |  |
| **NI Number** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone** |  |
| **Email** |  |

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| **You must provide the following original documents to support your application –**   * Evidence of your current rent, and a rent statement showing any rent arrears * Your tenancy agreement * Copies of any letters from your landlord regarding arrears * Bank statements for all accounts, covering the last two months (even if overdrawn or rarely used) * Proof of debt, if applicable * Medical evidence, if relevant   *Please do not delay making your application if any of these documents are not currently available - this should be provided separately as soon as possible.*  **Failure to provide necessary evidence may result in your application being refused.** |

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| **What are you applying for?**  *(e.g. rent arrears, shortfall in Housing Benefit, benefit cap)* |
|  |
| **What is your reason for applying now?**  *Please explain what has changed, along with why and when the problem began.*  *Please provide as much detail as possible to help us make a decision. If you need more space please continue on a separate sheet.* |
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| **When did you take on your tenancy?**  **Were you able to afford this at the time?**  **If no, why did you take it?** |  |
| **Have you discussed the problem with your landlord?** |  |
| **Have you sought advice from BANES Housing Options department?**  **To provide the best service, we may need to discuss your application with this team.** |  |
| **Is your Housing Benefit or Housing Element of Universal Credit being paid directly to your landlord?** |  |

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| **If applying for help with arrears –** | |
| **When and why did these start?**  **What period do they cover?** |  |
| **Have you made a repayment arrangement?**  **If yes, please provide details.**  **If no, why not?** |  |

*Please complete all applicable sections with precise information to support your application*

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| **Household Income** | | |
|  | Amount per week | Amount per month |
| Earnings | £ | £ |
| Maternity Allowance | £ | £ |
| SSP | £ | £ |
| Income Support / JSA / ESA / UC / CA | £ | £ |
| Tax Credits | £ | £ |
| Child Benefit | £ | £ |
| Pensions | £ | £ |
| Maintenance | £ | £ |
| DLA / PIP / Attendance Allowance | £ | £ |
| Other – please specify below: | £ | £ |

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| **Savings, investments and other property – incl. current accounts (even if overdrawn)** | | |
| Account/investment type | | Balance/value |
|  | | £ |
|  | | £ |
|  | | £ |
|  | | £ |
|  | | £ |
| Other – please specify below: | | £ |
| **Arrears** | | |
|  | Total amount outstanding | |
| Mortgage / Rent | £ | |
| Electricity | £ | |
| Water Rates | £ | |
| Gas | £ | |
| Council Tax | £ | |
| Loans / HP / Catalogue | £ | |
| Credit / store cards | £ | |
| Other – please specify below: | £ | |

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| **Household Expenditure** | | |
|  | Amount per week | Amount per month |
| Mortgage / Rent | £ | £ |
| Insurances | £ | £ |
| Life insurance | £ | £ |
| Council Tax | £ | £ |
| Service Charges | £ | £ |
| Water rates | £ | £ |
| Electricity | £ | £ |
| Gas / Oil | £ | £ |
| Telephone /Mobile | £ | £ |
| Internet/Broadband | £ | £ |
| Sky/Virgin TV package | £ | £ |
| Cigarettes | £ | £ |
| Alcohol | £ | £ |
| Car insurance / tax | £ | £ |
| Essential travel / fuel | £ | £ |
| Car repairs | £ | £ |
| Food / household items | £ | £ |
| TV licence | £ | £ |
| Essential clothing | £ | £ |
| Medications | £ | £ |
| Loan / credit card | £ | £ |
| Catalogue /HP | £ | £ |
| Fines | £ | £ |
| Other – please specify below: | £ | £ |

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| **Financial Assistance received to date –** *if you have applied for help from other organisations or charities, please provide details below:* |
|  |
| **Other support received –** *please include details of any other support/key/social workers you would like us to contact if necessary:* |
|  |

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| --- | --- | --- |
| **Do we have your permission to discuss this matter with your landlord?** | | yes no |
| **If no, why?** |  | |
| **If yes, please provide contact details and/or name of account manager:** | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Payee details** | | | |
| **Pay to landlord** | yes no | **Pay to tenant** | yes no |
| **Account name** |  | | |
| **Sort code/account** |  |  | |

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| **If completed by third party** |
| Signature:       Date:  Full name (print in capitals):  Organisation / Relationship:  Contact details:  **Landlords/Estate Agents**  *If applying for an arrears payment please confirm in writing if a successful DHP award will secure the current tenancy/allow intended move.* |

**Declaration**

**I wish to apply for a Discretionary Housing Payment.**

**I declare** that the information I have given on this form is correct and complete.

**I understand** that if I knowingly give information that is incorrect or incomplete, you may take action against me, and I understand I could be prosecuted.

**I agree** that you will use the information I have provided to process my claim for a Discretionary Housing Payment. You may cross check the information with other sources within the council, rent offices and other councils. Data held may be used in comparison for the purposes of prevention and detection of fraud.

**I understand** that this authority is under a duty to protect the public funds it administers, and to this end agree that they may use the information I have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes, if the law allows this.

**I understand** that if payment is paid direct to my landlord and a dispute arises over the amount paid, that you may have to disclose all the details of my claim and subsequent correspondence to my landlord, their representative and a court or an appeal tribunal.

<http://www.bathnes.gov.uk/services/your-council-and-democracy/data-protection-and-freedom-information>

<http://www.bathnes.gov.uk/services/business/licences/national-fraud-initiative>

**I understand I must notify Bath and North East Somerset Council of any changes to my/our household or finances as they happen.**

Claimant signature:       Date:

Full name (print in capitals):

Partner signature:       Date:

Full name (print in capitals):

You can return your completed form by post, via email, or by visiting one of our One Stop Shops in Bath, Keynsham or Midsomer Norton.

If visiting one of our offices, please be aware our busiest times are between 11am and 3pm. There may be a longer wait during this period.

If you have any queries regarding the content of this letter, or any related matters, please don't hesitate to contact us.

**Don’t forget it is your responsibility to tell us about any changes in your circumstances straight away.**

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| **Contacting us about your Housing Benefit or Council Tax Support:** | | | |
|  | Call 01225 47 77 77 to speak to someone during office hours. | | |
|  | Visit www.bathnes.gov.uk/benefits  Email benefits@bathnes.gov.uk | | |
|  | Write to Customer Services, Lewis House, Manvers Street, Bath, BA1 1JG | | |
|  | Visit a One Stop Shop in Bath, Keynsham or Midsomer Norton (check opening times below) | | |
|  |  | | |
|  | **One Stop Shop** 3-4 Manvers Street  Bath  BA1 1JQ | **One Stop Shop**  Keynsham Civic Centre  Market Walk  Keynsham  BS31 1FS | **Library & Information Service**  High Street  Midsomer Norton  BA3 2DP |
|  | Mon, Tues & Thurs:  8.30am – 5.00pm  Weds: 9.30am – 5.00pm  Fri: 8.30am – 4.30pm | Mon, Tues & Thurs:  10.00am – 3.00pm**\*** | Mon, Tues & Thurs:  10.00am – 3.00pm**\*** |
| **\***for enquires outside these hours please call 01225 47 77 77.  Applications and evidence will not be accepted outside of these hours. | | | |
| **For full opening hours at all our locations please visit** **www.bathnes.gov.uk/contact-us** | | | |