**Discretionary Housing Payment**

**What is a Discretionary Housing Payment? (DHP)**

A Discretionary Housing Payment is an additional payment, over and above Housing Benefit, to help towards your housing costs. You can only receive the additional payments if you are entitled to Housing Benefit.

**Who can claim a Discretionary Housing Payment?**

Anyone who is currently in receipt of Housing Benefit and is struggling to meet their full housing costs can claim a Discretionary Housing Payment.

**You can apply if your Housing Benefit has been reduced because of recent welfare reform changes such as under-occupancy and benefit cap or if you require short term financial assistance to remain in your home.**

**How much is the additional payment?**

DHP’s cannot be used to pay you more than your actual rent or to pay for certain ineligible service charges such as meals, heating or increased rent charges due to rent arrears.

The budget for DHP’s is limited and an award is normally only made on a short-term basis to give you time to take action to improve your circumstances.

The Council is given a set amount each year to make these payments and we cannot spend more than this. Unfortunately, this means that the available amount of money may influence our decision.

Any award will be based on your personal circumstances; we will look at the following things to help us make the decision:

* Your income and any savings you may have
* If the accommodation is suitable for your needs
* If you or anyone in your family has any health problems
* Any loans or debts you have
* If there is a genuine risk of eviction if the shortfall is not met
* If you are able to move to cheaper suitable alternative accommodation
* If it is reasonable that you could manage your money better
* What action you have taken to try to sort things out.
* What difference an award will make to assist you in changing your circumstances.

**How we will use your information?**

The information on this form, and from supporting evidence collected by North Lanarkshire Council will be used to process your application and also used for verification purposes should you wish to access on-line services. The information may be passed to the Department for Work & Pensions and HM Revenues & Customs as permitted by law.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or give information to them to check the accuracy of the information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments, Local Authorities Credit Reference Agencies. Further information can be found by searching for ‘National Fraud Initiative’ on the Council’s website. Benefit fraud investigations may include checks on any undeclared cohabiters’ and your information may be shared with other Council services with a view to providing you with access to other benefits to which you may be entitled.

We will not disclose information about you to anyone outside North Lanarkshire Council and the Department for Work & Pensions nor use information about you for any other purpose than outlined in this notice unless the law permits or requires us to.

North Lanarkshire Council is the Data Controller for the purposes of the General Data Protection Regulation (GDPR) 2018. If you want to know more about what information we have about you, or the way we use your information, you can visit our website [www.northlanarkshire.go.uk](http://www.northlanarkshire.go.uk)

**Discretionary Housing Payment Form**

When completing the form please provide as much information as possible in support of your claim, make sure you complete questions 9, 10 and 11, telling us how an award will assist you and what action you intend to take, or what forthcoming change will improve your financial circumstances in the longer term.

**Q1:** Please give us some information about you, your partner, if you have one, and any other people who live in your house with you.

|  |  |
| --- | --- |
| Housing benefit reference number: |  |
| Tell us about: | You  | Your partner  |
| Title: |  |  |
| Surname: |  |  |
| Forename: |  |  |
| Your current address: |  |
| Postcode: |  |
| National Insurancenumber: |  |  |
| Gender: | Male □ Female □ | Male □ Female □ |
| A daytime telephone number: |  |  |
| Email address:  |  |  |
| Name of Landlord: |  |  |

Please tell us about other people who live in the house with you.

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) | Date of birth/ due date | Relationship to you | Please tick this box if you receive Child Benefit for this person |
|  |  |  | □ |
|  |  |  | □ |
|  |  |  | □ |
|  |  |  | □ |
|  |  |  | □ |

**Q2:** Please tell us the reason you are applying for DHP. Please tick all of the statements that may apply to your situation.

|  |  |
| --- | --- |
| * My benefit entitlement has been capped by welfare reform changes
 | □ |
| * I have non-dependants staying in my house and have to pay more towards rent
 | □ |
| * The property has been significantly adapted to suit the needs of the disabled resident(s) – Use the space below to tell us what adaptations have been made to your property
 | □ |
| * Someone in the household is pregnant, or recently given birth or adopting a child
 | □ |
| * Ex- homeless person or person being supported to settle in the community after an unsettled way of life
 | □ |
| * Person fleeing domestic abuse or the threat of violence in another area
 | □ |
| * Person with health or medical problems who needs access to local medical centres or support that might not be available elsewhere
 | □ |
| * Family with children at a critical point in their education
 | □ |
| * Help with short-term rental costs until I am able to secure and move to lower-cost, alternative accommodation
 | □ |
| * Housing Benefit covered my full rent until under occupancy rules were introduced
 | □ |
| * I have claimed Housing Benefit within last 52 weeks
 | □ |
| * Other please provide, as much details as possible

  |
| **Q3:**  Do you or anyone in your household receive Disability Living Allowance (DLA) or Personal Independence Payment (PIP)? | Yes |   | No  |   |
| If Yes, what rate do you/they receive? Please tick box | DLA Care High | □ | DLA Mobility High | □ |
| DLA Care Middle | □ | DLA Mobility Low | □ |
| DLA Care Low | □ |  | □ |
|  PIP Daily Living Component | Standard  | □ |  Enhanced | □ |
| PIP Mobility | Standard | □ |  Enhanced | □ |

|  |  |
| --- | --- |
| Please provide details of person in receipt of DLA/PIP if not you, and provide details if more than 1 person receives DLA/PIP |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q4:** Do you or your partner receive Carer’s Allowance | Yes | □ | No  | □ |

**Q5**: If you are applying for DHP because you are considered to be under occupying your property, give as much detail as possible and tell us what you use your extra bedroom(s) for? Please tick the under occupancy statement that is relevant to you (tick all that apply). **Otherwise, please go to Q6.**

|  |  |
| --- | --- |
| * I have additional bedrooms in my house to allow me to provide foster care
 | □ |
| * I am going through the approval process to become a foster carer and need to show that I have a spare room to be approved
 | □ |
| * A household member has a disability which requires them to have a larger property than usual for example, a medical condition or where a child has a particular disability that might mean they are unable to share a bedroom
 | □ |
| * I am looking after children for a relative or friend as kinship carer
 | □ |
| * I have suffered a bereavement within the household in the last 12 months
 | □ |
| * A member of my household is a student who resides away from home during term time
 | □ |
| * A member of my household is serving in the armed forces
 | □ |
| * Someone, who does not live in my home, provides overnight care; if yes, what is their name and address?
 | □ |
| * Suitable size alternative accommodation was not available when I was offered or accepted the tenancy
 | □ |
| * Other, please give details:
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q6:** Do you or your partner have any savings or capital that you could use at this time? | Yes | □ | No  | □ |

**Q7:** Please give details of any bank or building society accounts or other forms of savings you have.

|  |  |  |
| --- | --- | --- |
|  | **You** | **Your partner** |
| Bank accounts | £ | £ |
| Building society accounts | £ | £ |
| Any other savings | £ | £ |
| Total  | £ | £ |

**Q8:** Weekly household income and outgoings

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Weekly income** | **You** **£** | **Your partner £** | **Weekly Outgoing** | **£**  |
| Earned income (take home pay) |  |  | Rent |  |
| Jobseekers allowance income based |  |  | Council Tax |  |
| Jobseekers allowance contribution based  |  |  | Electricity/ Gas |  |
| Income support |  |  | Other fuel |  |
| Employment and support allowance |  |  | Insurance |  |
| Universal Credit |  |  | T.V. Licence |  |
| Child tax credit |  |  | T.V Charges/Broadband |  |
| Working tax credit |  |  | Telephone/Mobile Phone |  |
| Disabled persons tax credit |  |  | Food, toiletries etc. |  |
| Child benefit |  |  | Maintenance |  |
| Child support agency |  |  | Fines |  |
| DLA/PIP |  |  | Childminding |  |
| Pension (Work) |  |  | Social Fund Loans |  |
| Widow’s pension |  |  | Other Loans/Credit Cards |  |
| Spouse/child maintenance |  |  | Travel expenses |  |
| Incapacity benefit |  |  | Homecare or other council charges |  |
| Non dependants Income |  |  | Benefit overpayments |  |
| Other (Please specify) |  |  | Other (Please specify) |  |
| **Total income** |  |  | **Total outgoing** |  |
| Please use this space to tell us about anything else you pay out of your income. |

**Q9:** Please tell us what difference an award of DHP will make to your circumstances?

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|  |

**Q10:** Please use this space to tell us about any steps you have taken or intend to take to help your financial circumstances or finding alternative accommodation.

|  |
| --- |
|  |

**Q11:** Please use this space to tell us about any change in your circumstances in the near future which may help your financial circumstances?

|  |
| --- |
|  |

**Please note:** You can provide any additional information, you feel will assist us in making a decision on your application, either in the box below or on an additional sheet or by providing evidence from third parties to support your application.

**BACS Payment Request:**

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| --- |
|  |

Name on Bank Account:

|  |
| --- |
|  |

Name of Bank:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Sort Code:

|  |
| --- |
|  |

Bank Account Number

|  |
| --- |
|  |

Authorised Signature:

|  |
| --- |
|  |

Print Name:

**Declaration**

Please tick, sign and date this form. If you have a partner, please ask them to sign also.

|  |  |
| --- | --- |
| * I/we declare that the information I/we have given on this form is correct and complete to the best of my/our knowledge.
 | □ |
| * I/we authorise the council to cross check the information I/we have given with other sections within the council, other councils and the Department for Work and Pensions
 | □ |
| * I/we understand that if I/we give information that is incorrect or incomplete or fail to report any changes which might affect my/our award, I/we may be prosecuted.
 | □ |
| * If I/we are paid too much I/we understand the Council may ask me/us to pay it back.
 | □ |
| * I/we authorise my landlord to return any overpaid money direct to North Lanarkshire Council upon request.
 | □ |
| * **For council tenants only:** I/we authorise North Lanarkshire Council to make the appropriate adjustment to my rent account to take back any overpaid amount.
 | □ |

|  |  |  |  |
| --- | --- | --- | --- |
| Your Signature |  | Date |   |
|  |
| Partner's Signature |   | Date |   |

**What Happens Now**

Your application will be passed to a Benefit Officer for consideration; you may be contacted for additional information if it is required to enable a decision to be made on your application.

Once a decision has been made you will be notified in writing explaining the decision made, the amount of any award, if one is made, the reason why the award was made, the start and end date of the award and how that award will be paid to you or your landlord. You will also be notified in writing if no award is made.

**Requesting a Review**

As Discretionary Housing Payments are a discretionary award there is no formal right of appeal to an independent tribunal. If you wish your application to be reviewed details will be provided on your notification letter on how you can ask for a review to be carried out.