Ref: BenefitCap

Contact: DHP team

Phone: 01698 403210

Email: benefitsteam@northlan.gov.uk

Date: 20/06/2023

**Chief Executives Office**

Elaine Kemp

Chief Officer for Finance

Civic Centre

Motherwell

ML1 1AB

www.northlanarkshire.gov.uk

Dear Sir/Madam

**BENEFIT CAP – DISCRETIONARY HOUSING PAYMENT - APPLICATION FORM**

Please find attached a form to apply for Discretionary Housing Payment if you are affected by the Benefit Cap and your income has been limited.

In order to obtain assistance with your rent, please complete this form and return to North Lanarkshire Council within the next 14 days.

Remember, You can also get assistance from North Lanarkshire Council to help with your rent if you are affected by the benefit cap while in receipt of Universal Credit.

Once the completed form has been returned the authority will assess your claim and if you qualify, it will award the relevant Discretionary Housing Benefit to assist you with paying your rent.

Please return to North Lanarkshire Council either by post or email to DHPQueries@northlan.gov.uk

**Yours faithfully**

**T O’Hagan**

**Business Finance Manager**

**Benefit Cap**

**Discretionary Housing Payment Application Form**

The Benefit Cap is a limit to the total amount of money you can get from benefits. If your benefits would add up to more than the limit, your Housing Benefit will be reduced.

In Scotland this cost can be mitigated by applying for assistance via Discretionary Housing Payment, therefore, if your benefits have been reduced because of the Benefit Cap, you can get help with your rent by completing this form.

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Address:** |  |
| **National Insurance Number:** |  |
| **Benefit Reference:** |  |
| **Your Current Rent Charge:** | £ Weekly / Monthly / 4 weekly |
| **Landlord:** |  |

|  |
| --- |
| 1. **Please provide details of the shortfall between your Housing Benefit and your rent and why you need help with this:**

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**Depending on your housing circumstances (eg private landlord) North Lanarkshire Council may pay your DHP via your bank, therefore, Please provide your current Bank Details**

**BACS Payment Request:**

|  |  |
| --- | --- |
| **Name on Bank Account:** |  |
| **Name of Bank:** |  |
| **Sort Code:** |  |
| **Bank Account Number:** |  |
| **Authorised Signature:** |  |
| **Print Name:** |  |

**Declaration**

**Please read this carefully before you sign the form**

* I declare that the information I have given on this form is correct and complete to the best of my knowledge.
* If the information I have given changes at anytime I will inform North Lanarkshire Council immediately
* I understand that if the information I have given is incorrect I may be prosecuted.
* I authorise North Lanarkshire Council to make enquiries to confirm the information I have given unless I have indicated otherwise.
* I authorise North Lanarkshire Council to cross check the information I have given with the other sections of the authority within the terms of the Data Protection Act 2018.

**Claimants Signature: ……………………………………………………….. Date ……./……./…….**

**Partners Signature: ……………………………………………………….. Date ……./……./…….**