



## **Discretionary Housing Payment Application Form**

Discretionary Housing Payments are intended to help anyone in need of further financial assistance to pay their rent.

The amount of money available to the Council to make these payments is strictly limited. This means that before we can consider your request we must have extra information about your circumstances.

### **Criteria Information**

The claimant must be entitled to Housing Benefit or Universal Credit and have a rent liability and require further financial assistance with housing costs

A claimant who is in receipt of the Council Tax Reduction scheme only and who has no rental liability e.g. an owner occupier is not eligible for Discretionary Housing Payment.

All applications will be assessed on the basis of the scoring matrix based on the following priorities. If the points awarded are equal or above the award threshold applicable at the time then an award will be considered subject to a financial assessment.

#### **Applications will be assessed in the following order of priority:**

- Household member with a physical disability or medical condition
- Household member who is receiving or providing care
- Household member who is vulnerable
- The frail elderly who would find it particularly difficult to move house
- Families with pre-school children and children of school age (Children in full time education for whom child benefit is in payment)
- Where a parent does not have full time custody of children but has regular overnight access visits.
- Singles/couples

#### **The circumstances of the applicants will be assessed in the following order of priority:**

- The property is adapted for disablement needs or an extra room is required due to disability or medical condition
- Foster carers
- Prevention of immediate homelessness
- Families with social services involvement
- Fleeing domestic violence
- Moving could jeopardise education; employment; access to services; essential support or a medical condition
- Giving or receiving care; providing parental care where children do not live in the household full time: significant birthday within 2 years (child or claimant reached Pension Credit age)
- In supported, exempt or temporary accommodation
- To help with short term rental costs where the tenancy started at a time when the claimant could easily afford the rent without the help of Housing Benefit

**If you wish to apply, complete the following questions.**

## **1. Your Details**

Full Name

Address

Day Time Contact Number

e-mail Address

If you have a representative helping you with this claim, such as an advice worker or a solicitor, please give their name, address including postcode and telephone number. If you do not give your representative's full address and postcode we will not be able to send them a copy of our decision.

Full Name

Address

## **2. Paying Rent**

Do you need help to pay your rent?

☐ Yes ☐ No

If Yes, how much extra help do you think you need each week?

£

If Yes, how much extra help do you think you need each week?

£

Why do you need extra help to pay your rent?

*Please give as much detail as possible. Please continue on a separate piece of paper if needed.*

### **3. Income and Expenditure**

We need to know how much money you have coming in and how much money you have going out each week. We also need to know about any money you have in a bank or building society. Please give details below. It is important you take your time to fill this in fully and list everything, including all essential and non - essential outgoings.

### **3. Income and Expenditure**

We need to know how much money you have coming in and how much money you have going out each week. We also need to know about any money you have in a bank or building society. Please give details below. It is important you take your time to fill this in fully and list everything, including all essential and non - essential outgoings.

**Income - please list income from all sources**

What type of income	Who receives it?	Amount £	How often is it paid?

**Expenditure – please list all expenditure** – including food bills, regular weekly/monthly payments for things like clothing, school meals, travel to work/school, TV licence and rental, court fines, payments for debts, special diet, regular bills such as rent/mortgage payments, gas & electricity, child care costs, telephone, home care, etc.

[illegible]

**Please give details of any Bank - Post office or Building Society Accounts**

Bank / Building Society name	Balance Debit or Credit £
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**4 About your accommodation**

Have any adaptations been made to your current home? Are there any needed? Please give details.

If you or any members of your household have any health problems that mean that you need to live here, please say who and tell us briefly about the problems.

Do you have any rent arrears at your current property? ☐ Yes ☐ No

**If Yes**

Arrears Amount £

**Please send a copy of any evidence of this.**

**If No**

Please give details of how you have been meeting your full rent costs up to now

Has your landlord taken any action against you to recover any arrears? ☐ Yes ☐ No

If Yes – please send a copy of any letters sent to you about this.

Have you asked your landlord if he/she will accept less rent from you? ☐ Yes ☐ No

Have you looked for cheaper, suitable accommodation?

☐ Yes ☐ No

If Yes, please state where.

If No, please state why not.

Are you on any re-housing lists?

☐ Yes ☐ No

If Yes say who with and give a reference number

Do you have any rent arrears for any previous addresses?

☐ Yes ☐ No

If Yes please say how much and explain how the arrears built up

### **5. About your circumstances**

Do you need an extra bedroom (or bedrooms) for a child/children who stay with you on a part-time basis?

☐ Yes ☐ No

Do you have shared custody / overnight custody of a child/children?

☐ Yes ☐ No

If Yes please provide proof.

Give the names and usual addresses of any children who stay with you

What school(s) do they attend?

How often has the child/children stayed with you in the last 6 months?

Do you have a carer?

☐ Yes ☐ No

If Yes - do they stay overnight?

☐ Yes ☐ No

If Yes – give their name and the address where they normally live.

**Extra information** - please use this space to tell us anything else about your special circumstances. Tell us anything that is relevant, even if you think it is not important, and please remember to refer to the Discretionary Housing Payments Criteria Information at the beginning of this form.

**Declaration**

I declare that the information given in respect of this application is correct and complete. I will provide any more information that the Council may need to deal with my claim.  
The Council may check any of the details I have provided.

Claimants Signature	<div></div>	Date	<div></div>
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If someone other than the person claiming filled in this form, please tell us why

Name of the person filling in the form

Relationship to claimant

**I have** confirmed with the person claiming that the information I have given is correct.  
**I have** also explained the declaration above to the person who is claiming.

Signature/name of person filling in the form

Date

Please send the form and any evidence that we have asked for on the form to:  
Shetland Islands Council, Benefits, Office Headquarters, 8 North Ness Business Park, Lerwick, ZE1 0LZ  
Or submit the form and evidence by e-mail, using the button below.