

Claim Form

Discretionary Housing Payments and Discretionary Council Tax Assistance

**Somerset West
and Taunton**

Revenues and Benefits

PO Box 866

Taunton

TA1 9GS

Tel: 0300 304 8000

Monday-Friday 8am to 6pm

Please read these notes before you fill in the form

If you are finding it difficult to pay your rent or Council Tax, you could get some extra help through a Discretionary Housing Payment (DHP) or Discretionary Council Tax Assistance (DCTA).

Anyone getting Council Tax Support, Housing Benefit or Universal Credit is entitled to ask for this help. DCTA and DHPs are discretionary and no one has a legal right to a payment. Funding is limited and we cannot help anyone once the money has run out.

Please fill in the form using **black ink**. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape.

Complete all the parts that apply to you. Answer **Yes** or **No** questions by putting a **tick** ✓ in the relevant box. Do not put a cross in any boxes. Give us as much information as you can in the relevant boxes. You must provide information of your income and expenditure in Part 4.

When you have filled in the form, **make sure you read and sign the declaration**.

If you find it difficult to fill in the form, please contact us for help.

Part 1. About you

Your title (Mr, Mrs, Ms, other)

Your surname or family name

Your first name(s)

Your address

Your daytime telephone number

Your e-mail address

From what date do you want your help to start?

/ /

If you would like this form translated into other languages or in Braille, large print, audiotape or CD, please contact us.

Part 1. About you (continued)

Is this your first claim for Discretionary Council Tax Assistance or Discretionary Housing Payments?

Yes
No

If **No**, what have you done to improve or try to improve your situation since your last claim

Tell us what you need extra help with

Tick all boxes that apply

Rent

Fill in parts 2, 3, 4 and 7

Rent arrears

Fill in parts 2, 3, 4 and 7

Rent deposits or moving costs

Fill in parts 2, 3, 4 and 7

Council Tax

Fill in parts 3, 4 and 7

Part 2. About your rent and tenancy

Have you changed address since 2013?

Yes
No

If **Yes**, when did you move into your current address?

/ /

What was your previous address?

Postcode

How much was the rent at your previous address?

£ each

How many bedrooms did your previous address have?

Why did you leave this address?

Why did you choose to live at your current address?

Part 2. About your rent and tenancy (continued)

Could you afford the rent when you first moved into your current address?

No

Yes

If **Yes**, tell us how you were able to afford the rent (for example, you were working or you had enough income to meet the rent)

Have you asked your landlord to reduce your rent?

Yes

No

If **Yes**, what was the outcome? If **No**, why not?

When is your tenancy due to end?

How much notice period do you have to give to end your tenancy?

Do you have any rent arrears at the moment?

No

Yes

If **Yes**, tell us how much you owe and provide proof; what action your landlord has taken against you to recover these arrears and how you are trying to clear these arrears

If you are more than eight weeks in arrears with your rent, we will normally pay your Housing Benefit and any DHP direct to your landlord, if we are not doing this already.

Part 2. About your rent and tenancy (continued)

Have you looked for cheaper, suitable alternative accommodation?

Yes

No

If **Yes**, where have you looked? If **No**, why not?

Are you registered on any housing waiting lists?

Yes

No

If **Yes**, when did you register and tell us who are you registered with? If **No**, why not?

Please tell us about any tenancies you have been offered. If you have turned down any offers of alternative accommodation, please tell us why

Part 2. About your rent and tenancy (continued)

Do you have any friends or relatives who could provide you with accommodation?

Yes

No

If **Yes**, have you asked them to help you or accommodate you? What was the outcome?

Do you rent your property from the Council or another social housing provider?

No

Yes

Go to Part 3

Are we restricting the amount of Housing Benefit you can get because your accommodation is too large?

No

Yes

Go to Part 3

Have you approached your housing provider to seek a mutual exchange of property?

Yes

No

If **No**, why not?

Would you be **more likely** to consider moving if we could help meet the costs of moving?

Yes

No

If **No**, why not?

Part 3. About your circumstances

Do you have any friends or relatives who could help you pay your rent and/or Council Tax?

Yes

No

Do you, or a member of your family, have any health problems or a disability?

No

Yes

If **Yes**, please give details. You will need to provide medical evidence to support your claim, such as a letter or medical certificate from your doctor or consultant

If we were to help you with a discretionary award, what assurances can you give that you will no longer need help after the end of the award?

Please tell us any other information you think might be relevant in your claim for discretionary help

Part 4. Financial Assessment Form

Please provide a breakdown of your income and expenditure. We use the same 'income and expense budget sheet' as Taunton and District Citizens Advice Bureau (CAB).



The CAB offers advice on debt problems. If you would like them to help you please tick ✓ this box and we will provide them with a copy of the **financial assessment form only**. They will then contact you to arrange an appointment with a debt advisor.

INCOME AND EXPENSE BUDGET SHEET

Name		Is this a joint budget? YES / NO
Partner's name		

How many children living with you?		
under 14 years		over 14 years
How many Non-dependent adults living with you?		

What is your employment status? Please circle						
Full time	Part-time	Self-employed	Unemployed	Student	Sickness/disability	Other

How many vehicles do you own?	
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INCOME

w = week 2wks = 2 weeks 4wks = 4 weeks m = month q = quarter y = year

INCOME			Notes
Your salary / wages (take home)	£	every	
Partner's salary or wages (take home)	£	every	
Statutory Sick Pay / Statutory Maternity Pay	£	every	
Other earnings - specify	£	every	
Maintenance/child support	£	every	
Boarders or Lodgers	£	every	
Non-dependent contributions	£	every	
Student loans & grants	£	every	
Other	£	every	
<i>Monthly total income</i>	£	every	
Jobseekers Allowance (income based)	£	every	
Jobseekers Allowance (Contribution based)	£	every	
Income Support	£	every	
Universal Credit award	£	every	
Wages used in Universal Credit	£	every	
Working Tax Credit	£	every	
Child Tax Credit	£	every	
Child Benefit	£	every	
Employment & Support Allowance	£	every	
Disability Living Allowance / Attendance Allowance	£	every	
Personal Independence Payments	£	every	
Carers allowance	£	every	
Housing Benefit / LHA	£	every	
Council Tax Rebate	£	every	
Other (e.g. Maternity Allowance)	£	every	
Other	£	every	
<i>Monthly Total Benefits</i>			
PENSIONS			
State pensions	£	every	
Private or work pension(s)	£	every	
Pension credit	£	every	
Other	£	every	
<i>Monthly total Pensions</i>			

ASSETS OR EQUITY

Total value of property(ies)		Value of vehicle(s) (less HP)	
Mortgage outstanding		Savings	
Secured loan(s) outstanding		Other assets	
<i>Total equity</i>		<i>Total other assets</i>	
			<i>Total Assets and Equity</i>

EXPENDITURE

ESSENTIAL EXPENDITURE			Notes
Rent	£	every	
Ground rent and service charges	£	every	
Mortgage	£	every	
Other secured loans	£	every	
Mortgage Endowment /mortgage PPI	£	every	
Building & contents Insurance	£	every	
Pension & life insurance	£	every	
Council Tax	£	every	
Gas	£	every	
Electricity	£	every	
Water	£	every	
Other Utilities (coal, oil, calor gas)	£	every	
TV Licence	£	every	
Magistrates Sheriffs Court Fines	£	every	
Maintenance or child support	£	every	
Hire Purchase /conditional sale	£	every	
Child care costs	£	every	
Adult care costs	£	every	
Other	£	every	
Other	£	every	
Other	£	every	
<i>Monthly total essential expenditure</i>			
PHONE			
Home phone	£	every	
Mobile phone	£	every	
Other phone	£	every	
<i>Monthly total Phone</i>			
TRAVEL			
Public transport (work, school shopping)	£	every	
Other (e.g. taxis)	£	every	
Car insurance	£	every	
Vehicle tax	£	every	
Fuel (petrol, diesel, oil, etc)	£	every	
MOT and car maintenance	£	every	
Breakdown or recovery	£	every	
Parking charges or tolls	£	every	
Other car costs	£	every	
<i>Monthly total travel</i>			

Part 5. Evidence needed to support your claim

If you are claiming **Universal Credit** you need to provide proof of your rent liability, such as your tenancy agreement, a rent statement or your rent book.

You must also provide details of the bank account you wish us to pay any DHP you may be entitled to:

Name of bank or building society

Whose name is the account in?

Account number that you want us to pay the money into (Not a mortgage account)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Part 6. Sharing information

Sharing information with your landlord or another third party could help us deal with your claim more quickly. If you want to give us permission to discuss your claim with a third party, please indicate below.

My landlord

Taunton and District Citizens Advice Bureau

West Somerset Advice Bureau

Someone else (please provide their details below)

Full name

Address

Their relationship to you

Contact telephone number

I give the Council permission to share information about the progress of my claim for DHP and/or DCTA with the third parties indicated above

Signature

Part 7. Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they must sign the declaration as well. Read this declaration carefully before you sign and date it.

- I declare the information I have given on this form is correct and complete.
- I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You may check the information I give with other sources as allowed by law.
- I understand you may pass information about my claim to Jobcentre Plus who may be able to provide help with other social security benefits
- I agree to tell the Council Service immediately, in writing, about any changes that might affect my entitlement to my award.
- I agree to pay back any discretionary award I am not entitled to.

Signature of person claiming

Date

Partner's signature

Date

If someone other than the person claiming has filled in this form, please tell us why you are filling in the form for them.

I declare that as far as possible, I have confirmed with the person claiming that the answers written on this form are correct.

Name of the person who filled in the form

Signature of person who filled in the form

Date

Daytime telephone number

Contact E-mail address