

APPLICATION FOR DISCRETIONARY HOUSING PAYMENT

The Highland Council has a cash-limited fund to help our customers meet some housing costs. If you need financial help to pay your rent, pay rent in advance, pay for a deposit or pay for other lump sum costs associated with a housing need, and you are in receipt of Housing Benefit, you may be eligible for a Discretionary Housing Payment.

Please complete this application form and return it without delay to our Operations Team, P.O. Box 5650, Inverness, IV3 5YX. If you require more information or assistance with the completion of this form or require a copy of this application form in large print, please telephone 0800 393811 or email Operations.Team@highland.gov.uk.

The Council is unable to meet some housing costs including ineligible service charges, increases in rent due to outstanding rent arrears and certain sanctions and reductions in benefit.

On this form we refer to “you and your partner”. By partner, we mean your husband or wife, or the person you live with as if you were married, including Civil Partnerships. If you are separated from your partner you need not complete “partner” details.

The Council may review the decision to award a Discretionary Housing Payment and recover any overpayment that may arise.

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|--|--|----------------------------------|--|
| Claimant's Name: | | | |
| Address: | | | |
| Telephone Number: | | | |
| Claimant's National Insurance Number: | | Claimant's Date of Birth: | |

Use the space below to tell us why you need help with your housing costs:

Payment Details

If your application is successful the payment will be paid directly to your Highland Council Rent Account or to nominated bank account. Please complete one payment option below:

1. Payment Direct to Rent Account:

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| Rent Account Ref: | |
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2. Payment Direct to Landlord:

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|----------------------------|-----------------|------------------|------------------------|------------------------------|
| Landlord's details: | Name: | | | |
| | Address: | | | |
| Bank Details: | | Sort Code | Bank A/C Number | Account Holder's Name |
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3. Payment Direct to Claimant (private tenants only):

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|----------------------------|-----------------|------------------|------------------------|------------------------------|
| Claimant's details: | Name: | | | |
| | Address: | | | |
| Bank Details: | | Sort Code | Bank A/C Number | Account Holder's Name |
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Application Details

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| When did you move to your current address? | |
| If you moved within the last 12 months, please provide details of your previous address: | |

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| <p>Have you successfully applied for a Rent Deposit or Rent in Advance or any other financial assistance for the property that this application refers to?</p> <p>Are you due to receive any Rent deposit or Rent in advance returned to you?</p> | Please state how much you received: | | |
| | Yes | Please state amount: | No |

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| Are you affected by the Benefit Cap? | Yes | | No | |
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| Please provide dates for how long you expect to need help with your housing costs: | From: | | To: | |
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| If you have asked your landlord to reduce your rent, how much have you agreed to pay, from when and how often? | Amount | Start Date | How often |
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| If your property has been significantly adapted to meet the needs of a disabled person please provide details: | |
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| <p>Do you require an additional bedroom for an overnight carer, this may be because:</p> <ul style="list-style-type: none"> ➤ you or your partner have an established need for overnight care that is provided by someone outside of the household; and ➤ you occupy a property with an additional bedroom that is used by overnight carer(s) | Yes: | | No: | |
| | <p>If yes, please complete <i>Housing Benefit Size Criteria</i> –</p> <p><i>Tenant application for an Additional bedroom for overnight carer</i> and return to The Operations Team, P.O. Box 5650, Inverness, IV3 5YX.</p> | | | |

A bedroom for an overnight carer may be awarded if the following conditions are met:

- The claimant or partner has an established need for overnight care.
- The care is not provided by a member of the household.
- The carer has a home elsewhere.
- The carer or carers provide the overnight care that the customer or partner needs and regularly stay overnight for this purpose.
- The customer has an additional bedroom which is available for the carer to sleep in.

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| Is your application in respect of: Rent deposit, Rent in advance or Removal costs: | Please state type and amount required: |
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| Landlord's details: | Name: | | | |
| | Address: | | | |
| If you have rent arrears, please state the amount of arrears and the amount you should be paying: | Arrears | Rent amount | Frequency | |
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| Please provide a full list of any other debts you are liable for: | |
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| Please give details of your weekly expenses: If any of these expenses are unusually high, please tell us why. | |
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| <p>Please provide details of you and your partner's income and capital.</p> <p>If you or your partner are receiving Income Support, Jobseekers Allowance or Pension Credit please confirm this.</p> | |
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| <p>Is there any further information related to your application you think we should know?</p> | |
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| <p>The Highland Council's Welfare Support Specialists provide wrap-around support for all matters relating to welfare benefits, personal budgeting support and other entitlements. Please contact our free, confidential and impartial Welfare Support Specialists on Freephone 0800 090 1004 or email welfare.support@highland.gov.uk to check if you are missing out on benefits you might be entitled to, or needing support with money matters or personal budgeting advice.</p> | | |
| <p>Would you like help from a Welfare Support Advisor?</p> | <p>Yes</p> | <p>No</p> |

Sharing Information with your Landlord

Sharing information with your private landlord could help the Operations Team deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed.

We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date or your tenancy. In these circumstances, we can contact your landlord without your permission.

Under the Data Protection Regulations we need your permission to discuss anything else.

If you give your permission, we **would be able** to tell your landlord whether:

- You have claimed a Discretionary Housing Payment; or
- We have made a decision on your claim; or
- We need more information to make a decision on your claim, and what that information may be.

We **will not** give your landlord any information about:

- Your personal or household circumstances; or
- Your financial circumstances.

You can withdraw your permission at any time.

It will not affect your claim if you do not give your permission to discuss your claim with your landlord.

If you want to give your permission to discuss your claim with your landlord, please sign below.

I give The Highland Council's designated offices permission to share information about the progress of my Discretionary Housing Payment claim with my landlord or their representative.

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| Applicant's signature: | |
| Date: | |

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| Full name and address of landlord/representative (in CAPITAL LETTERS) | |
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Declaration:

I declare that the information I have given on this form is correct and complete. I understand that if I give incorrect or incomplete information, I may be prosecuted.

I know that I must inform the Operations Team immediately in writing of any changes of circumstances and understand that failure to do so may result in recovery of any overpaid Discretionary Housing Payment. The Operations Team can be contacted by writing to P.O. Box 5650, Inverness, IV3 5YX or by emailing Operations.Team@highland.gov.uk.

I authorise the Highland Council to verify any of the information given in this application form and to use the information provided on my application for Housing Benefit and/or Council Tax Reduction to consider my application for Discretionary Housing Payment.

The Highland Council is the data controller for the purposes of the Data Protection Regulations. The Highland Council is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud and to make sure that the information is accurate. We may also share this information with other Council Services, Agencies, Organisations, Local Authorities, Government Departments and other bodies responsible for auditing or administering public funds. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

I understand that I must report in writing within 1 calendar month of the date of change, changes in my circumstances that may affect my application for a Discretionary Housing Payment.

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| Applicant's signature: | |
| Date: | |

This section must be completed if the claim form has been filled in by someone else on your behalf. This includes Voluntary organisations, Citizens Advice Bureau, an appointee, relative, friend or representative of the Council.

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| Please print the name of the person who completed the form: | |
| Their address: | |
| Their telephone number: | |
| Their E-mail address: | |
| Relationship to claimant or partner if any: | |
| any Please give the reason why the claimant was unable to complete the form: | |

I declare that I have filled in this form for the person(s) named above in accordance with their instructions and have read this back to them in full before they signed the declaration.

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| Signature of person completing form: | |
| Date: | |

