



Elmbridge Borough Council

... bridging the communities ...

Elmbridge Borough Council
Housing Benefits
Civic Centre, High Street, Esher,
Surrey, KT10 9SD
Email: benefits@elmbridge.gov.uk
Website: www.elmbridge.gov.uk

Discretionary Housing Payment Application Form

Name:
Address:

**Address you want to claim for if
different:**

Telephone no:

Email:

Reference:

Date of birth: / /

Statement about how we collect and use your information

We will use the information you give on this form and any supporting evidence you send us, to process your Discretionary Housing Payment application.

We may check the information you have provided, or information about you that someone else has provided, with other information held by us, this may include checking your housing application on Search Moves.

We may share the information you give us with other Elmbridge Borough Council Departments to assist in our decision-making process and to protect public funds.

The information will be kept after all action on your claim has finished and the period required by the council for legal and audit purposes has passed. All information will be held securely.

Elmbridge Borough Council is what is known as the 'Controller' of any personal data that you provide to us. For further information about your rights and the Council's responsibilities please see our corporate privacy policy.

About the property you are renting :-

How much is your full rent?

£	per
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Did you seek advice from the Housing Benefit department or Housing Advice department, before renting your property? Yes / No

If, Yes to the above who did you speak to and when? Please provide details of the advice you were given.

Have you completed a Housing Register application form? Yes / No

If Yes are you bidding for properties on Search Moves? Yes / No

Or Perfect Fit? Yes/ /No

About you and your household:-

Please give details why you require a DHP award.

If you are re-applying for DHP, you will need to confirm the reasons for applying again along with evidence of any actions you were required to take as part of your DHP offer agreement.

Do you or any of your family have a medical reason for renting this property; you will need to provide up to date medical evidence to support any reason given.

Financial evidence will be required to support your application, as follows:

- 3 months bank statements for all accounts for you and your partner
- Proof of outstanding debts and utility bills
- Expenditures assessment

If you are claiming Universal Credit, please could you also provide the following:-

- Evidence of your Tenancy Agreement
- Evidence of your Universal Credit award confirming the housing element.
- Landlord declaration for DHP to be paid to your Landlord direct OR
- Confirmation of the bank account for DHP payments :-

Name of bank : _____ **Name of account :** _____

Bank account : _____ **Sort Code :** ____ - ____ - ____

If DHP is awarded it will only be as a short-term solution, what other options have you considered?

Date you want to claim DHP from:- _____

Reason for claiming from the date stated above :-

Backdated applications are unlikely to be awarded without exceptional good cause.

Discretionary Housing Payment is paid out of a limited fund. It is a discretionary award and not a statutory award.

You will need to provide evidence to support your reasons for applying and additional documents may be requested.

Declaration:

I/we declare the information I/we have given on this form is true and complete.

I/we understand I/we must let the Council know about any change in my/our circumstances, which might affect my claim.

I/we are aware discretionary housing payment is a limited fund. If this fund runs out, or gets close to running out, I/we are aware that any discretionary housing payment awarded, maybe withdrawn at any time, without prior notice.

I/we agree that the Council may make enquiries to enable them to make a decision on my application including visits, expenditure assessments and contacting my housing provider.

Signed Claimant: _____ Date: __/__/__

Signed Partner: _____ Date: __/__/__

If this form has been filled in by someone other than the claimant, please complete below:

Signed: _____ Date: __/__/__

Name of person _____

Relationship to person applying? _____

As far as possible I have confirmed with the person claiming that the answers I have given on this form are correct.

Once you have fully completed and signed the declaration, please return the application form to the address on the front cover: