



Application Form
Discretionary Housing Payments

NAME:

ADDRESS:

1. Are you currently receiving Housing Benefit and/or Council Tax Benefit?

YES NO

2. Does your Housing and/or Council Tax Benefit fully meet your rent and/or Council Tax charge?

YES NO

3. Please tick if you are claiming extra help to pay your:

RENT COUNCIL TAX BOTH

4. How long have you lived at this address?

5. Could you previously afford to pay your rent and/or Council Tax? Please tick:

YES NO

**6. Has there been a change of circumstances which has left you short of money?
Please provide details:**

7. Do you, or any member of your family have any disabilities or health problems?
Please provide details:

8. Please list your main weekly/monthly outgoings below:

Weekly £

Mortgage Payments	-----
Rent (after any Housing Benefit)	-----
Ground Rent/Service Charges	-----
Council Tax	-----
Arrears of Rent/Council Tax	-----
Gas	-----
Electricity	-----
Water Rates	-----
Telephone	-----
Insurance	-----
Car/Bike Tax & TV Licence	-----
Petrol, Bus/Train Fares	-----
Food & general household items	-----
Prescriptions/Health Care	-----
Clothing	-----
Childminding costs	-----
Maintenance Payments	-----
HP Payments/Loans	-----
Credit Cards/Store Cards	-----
Catalogue Payments	-----
Fines	-----
Other (please give details)	-----

TOTAL WEEKLY OUTGOINGS £ _____

9. Have you tried to reduce your outgoings? YES NO
If YES, please explain how:

**10. Do you have any relatives or friends who can provide you with financial help?
Please provide details:**

11. Please give the main reasons why you require a discretionary housing payment:

12. In terms of weeks/months how long do you think you will need this extra help?

13. Please provide any extra information that you would like us to consider:

NOW PLEASE READ & SIGN THE DECLARATION OVERLEAF

DECLARATION:

- **I declare that the information I have given on this form is correct and complete to the best of my knowledge.**
- **I understand I may be required to provide additional information as requested by the Council.**
- **I authorise the Council to make any enquiries necessary to verify the information on this form.**
- **I will notify the Council of any change of circumstance as they occur.**
- **I understand that if I give any information that is incorrect or incomplete or fail to report any changes to the Council then I WILL be liable to repay all or part of the Discretionary Housing Payment.**
- **I have read and understood this declaration.**

Signature:

Date:

**Return form to : The Benefits Section
Surrey Heath Borough Council
Surrey Heath House
Knoll Road
Camberley
Surrey GU15 3HD**

**Tel: 01276 707121
Fax: 01276 707664**



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