



Your full name: —		
Vouraddraga		
rour address. —		
	Postcode:	

For official use only						
Date we received your application:						
Date of issue:						
Reference:						

## **Application for Discretionary Housing Payments**

Please tick the box that applies to you:						
Council Tenant	Private Tenant	Housing Association Tenant				

Discretionary Housing Payments are available to help customers who need further help with rent. They are payments to be made at the discretion of the local authority where it is considered that additional help with housing costs is needed.

However the amount of money available to the council to make these payments is strictly limited. To be able to apply for a Discretionary Housing Payment the customer must:

- Be entitled to Housing Benefit
- Require further financial assistance in order to meet housing costs

Housing costs are the eligible rent. However, no award can be made to grant help with:

- > Ineligible services
- ➤ Water, sewerage or environmental change
- ➤ An increase of rent due to outstanding rent arrears.
- ➤ Hardship which results from Social Security benefit sanctions or suspensions.

Discretionary Housing Payments are temporary and available for periods up to 12 months.

In order for your application to be considered answer all the questions within this form as fully as possible and provide evidence of all expenditure. Failure to do so may result in no Discretionary Housing Payment being awarded.

ry Housing Payment, fo	r how long
Yes	No
Yes	No
	L
	Yes

Were you able to afford the rent when you moven?	Yes		No	
f <b>Yes</b> , please tell us how you were able to affor	d it (e.g. in work	k)		
				••••••
Are there any specific reasons why you must liv (i.e. disabled adaptations)	e in your curr	ent accommo	odation?	
				•••••
What disabilities or health problems do you or a would mean you have additional costs that coul	ıny member c d be consider	of your family red:	have that	

Are family or friends able to fin	ancially assist you	ı? Yes	No	
Do you have any saleable assi.e. property/stocks and shares	ets that could be s	sold Yes	No	
Do you or your partner have your <b>Yes</b> ,	our own transport?	Yes	No	
What type of transport do you	own?			
Car	Motorbike [	Mobi	lity scooter	
Please tell us what the transpo	ort is used for, e.g.	travelling to work:		
Please tell us about the costs of	of running yourtra	nsport:		
	Amount	How often (delete a	s applicable)	
Petrol	£	Weekly / Fortnightly / Monthly		
Road Tax	£	½ Yearly/ Yearly		
Insurance	£	Weekly / Fortnightly / M	onthly / Yearly	
Maintenance (MOT etc.)	£	Yearly		
	£	Weekly / Fortnightly / M		

		r the age of 18 wh r example an adu			
Are there any no	on-dependants in	your household?	Yes		No
If Yes, what con	tributions do they	make to the hous	ehold exp	enses?	-
					-
have been recei	ving a Discretiona during the award	to apply for Discr ary Housing Paym to improve your si	ent pleas	e state exactly	what steps
					-
					-

## **Financial Statement**

Please complete this form as accurately as possible, taking into account all your existing commitments. Then add up your outgoings from sections 6 to 9 and compare them to your total income in section 5. You can then calculate your disposable income to decide how much you believe you can afford to repay at section 10.

						ou can afford to rep				
				S	Section 1: Pe	ersonal Details				
Name: Address:	ess:						Claim Reference: National Insurance Number: Telephone Number(s): Married / Single / Other			
Postcode:						Employed / Self	Employed / Une	employed / Pe	nsioner	
Section 2:	Peo	ple you	look after	finar	ncially	Section	on 3: Main Emp	oloyer Detail	S	
Dependants Name Age DOB			R	elationship	Employer name Works number or pay reference: Employer Address					
Section 4	: You	ur capita	l/savings.	Plea	ase list your	bank / building so	ciety accounts	or other say	vings	
Bank/Building Society			Account Number		Number	Acc	ount Balance			
	Se	ection 5:	Income				Section 6: Exp	penses		
Income Description  My usual take home pay			Weekly/ Monthly	Income Description			Weekly/ Monthly			
(including overting	ne, b	onuses, c		1)		Mortgage Payments				
My partner's usu	al tal	ke home	pay			Rent Council Tax				
Tax Credits Income Support/	Pens	ion Cred	it Guarante	ed		Gas				
Jobseekers Allov			it Guarante	cu		Electricity				
Child Benefit							Water Rates/Charges			
Other State Bene	efits						Television (rental / licence)			
State Pension(s)							Housekeeping, Food, School Meals			
Private/Occupati	onal	Pension(	s)			Travelling Expe	Travelling Expenses			
Money from boa home	rders	/ those w	ho live in t	he		Clothing				
Maintenance rec	eivec	ł				Maintenance Pa	iyments			
Disability Living	Allow	ance/PIP	1			Other Expense(	s) Please list bel	low		
Attendance Allov	vance	= <u>-</u>								
Other income(s)	Plea	se list be	low							

**Total Expenses** 

**Total Income** 

Section 7: Priority Debts			Section 8: Court Orders				
Debt Description	Weekly/ Monthly		Court	CI	aim Number	Weekly/ Monthly	
Rent Arrears	ent Arrears						Wienting
Mortgage Arrears							
Water Rates / Charges Arrear	s						
Gas Debts							
Electricity Debts							
Maintenance Arrears							
Other Debt(s) Please list below	W						
Total Priority Debts				Total Court Order In	stalm	ents	
		Section 9: 0	Cr	edit Debts			
Credit Card / Loan Type	Amount of De	bt Owed		Weekly Payment		Monthly Pa	yment
Total Credit Debt payments	 						
		Section 10:	: D	eclaration			
Even if someone else has fill they must sign this declaration		you, you mu	ust	t sign this declaration if	you c	an. If you have a	partner,
Pleas				ılly before you sign a stand the following:	nd dat	te it.	
<ul> <li>If I give information that prosecution.</li> </ul>	is incorrect or inc	complete, yo	u r	may take action agains	t me. T	This may include	
<ul> <li>You may check some o</li> <li>You may use any inform benefits I have made or law allows this.</li> </ul>	nation I have pro	vided in conr	ne	ction with this and any	other	claim for social s	ecurity
I know I must let the commy claim for Housing Bo		-		•	nces	, which might	affect
I declare that the inform	ation I have g	iven on thi	s f	form is correct and	com	olete.	
Signature:				Date	: _		
Partner Signature:				Date	:		

## Help and advice

If you require help and assistance, or wish to discuss the matter, please contact us by:

- > Phone on (01623) 463463 and select option 2
- > Email at benefits@mansfield.gov.uk
- Visiting our Revenues Enquiry Counter at the Civic Centre

## Please return your completed form to:

Mansfield District Council Civic Centre Chesterfield Road South Mansfield Nottinghamshire NG19 7BH

#### Homefinder

If you wish to be considered for re-housing to a smaller property please contact the Housing Department's Homefinder Team on **(01623) 463402** or visit **www.amhomefinder.co.uk** 

#### **Citizens Advice Bureau**

There are also independent advisory services such as the Citizens Advice Bureau who may be able to help you with budgeting advice or negotiating with your creditors on your behalf.

Mansfield Citizens Advice Bureau Advicehub 16 Regent Street Mansfield Nottinghamshire NG18 1SS

Phone: 0844 8563411

#### **National Debtline**

The National Debtline also offer free, confidential and independent advice during office hours on 0808 8084000.

## **Privacy Notice**

# General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice.

Under the GDPR and DPA, Mansfield District Council, Chesterfield Road South, Mansfield, Nottinghamshire. NG19 7BH is a Data Controller for the information it holds about you. The Council will hold all personal information provided by you for your application for Discretionary Housing Payments and Council Tax Hardship payments. The lawful basis under which the Council uses personal data for this purpose is Public Task

The information provided by you includes the following special categories of personal data

physical or mental health

Information in these categories is used by the Council on the basis that such use is necessary for reasons of substantial public interest, and in accordance with the provisions of the Data Protection Act 2018.

Your data will be held for 6 years after the end of your claim. Subject to some legal exceptions, you have the right to request a copy of the personal information the Council holds about you; to have any inaccuracies corrected; to have your personal data erased; to place a restriction on our processing of your data; to object to processing; and to request your data to be ported (data portability). The information provided by you may also be used for other functions carried out by the Council in accordance with GDPR and DPA. For more information about how the Council may use your data and to learn more about your rights please see the Council's Privacy Statement www.mansfield.gov.uk/privacy

If you have any concerns or questions about how your personal data is processed, please contact the Council's Data Protection Officer at the above address or by email to dpo@mansfield.gov.uk . If you are dissatisfied with the Council's response you can complain to the Information Commissioner's Office in writing to: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or by telephone 0303 123 1113 (local rate) or 01625 545 745.