Application for discretionary housing and exceptional hardship payments to help with your rent and council tax

About discretionary housing payments/exceptional hardship payments (DHP/EHP)

Discretionary housing payments are payments to help you with your **rent.** By housing costs we mean rent and an exceptional hardship payment is a one-off payment to help you pay your council tax.

We cannot help with some parts of your rent, for instance if meals, heating, lighting, hot water or water rates are included.

You must be getting housing benefit or council tax support, or both, to be able to receive a DHP/EHP. The funds are limited, so we cannot help everyone who applies.

How to apply for a discretionary housing payment

To help us decide if you should get more help, please answer the following questions.

Please contact our benefits team if you need help to fill in this form.

If a benefits officer helps you to complete this form, it does not guarantee that you will be successful in your application. We cannot advise you what to say.

Please use another sheet of paper if you need more room to answer any of the sections.

| FOR OFFICE USE: | Claim No: | Issued: | | | | |
|--|-----------|----------------------|--|--|--|--|
| | | SECTION A | | | | |
| Surname | | First Name (in full) | | | | |
| Title (Mr, Mrs, Miss, Ms) | | | | | | |
| Address and postcode | | | | | | |
| Date of birth DD / N | MM / YYYY | | | | | |
| Preferred telephone number | | Email address | | | | |
| Address and postcode of property for which you are applying for help | | | | | | |
| | | | | | | |
| If someone else is helping you with this form, please give their details | | | | | | |
| Surname | | First Name (in full) | | | | |
| Address and postcode | | | | | | |
| Preferred telephone number | | Relationship to you | | | | |



SECTION B Would you like help with your: Rent & council tax Rent Council tax Please tell us how long you need this help for: 4 weeks 8 weeks 12 weeks 26 weeks Other If longer than 26 weeks, please tell us how long, and why this would help When do you need the help from? When did you move to this address? Could you afford the rent when you first moved in? What was your previous address? Why did you leave your previous address?

| SECTION C - Please tell us about any arrears you have | | | | | | |
|---|--|--|--|--|--|--|
| Do you have rent arrears? Yes No Do you have council tax arrears? Yes No | | | | | | |
| If Yes, please tell us: | | | | | | |
| How much are your rent arrears? | | | | | | |
| What period do they cover? From DD / MM / YYYY To DD / MM / YYYY | | | | | | |
| How much are your council tax arrears? | | | | | | |
| What period do they cover? From DD / MM / YYYY To DD / MM / YYYY | | | | | | |
| What action has your landlord taken to recover your rent? (Please send us proof of any action taken) | | | | | | |
| Court action Notice of seeking possession Notice to quit Letter | | | | | | |
| Payment plan Other, please specify | | | | | | |
| | | | | | | |
| SECTION D | | | | | | |
| Please tell us how your home is suitable for you (and your family) eg has it been adapted specifically for you and/or a member of your family with a disability? do you need a lift or ground floor accomodation? do you need an extra room because you need a carer or because you have children who only stay with you at weekends? do you need an extra room as you are a foster carer? | | | | | | |
| Have you or a member of your family any health problems or disabilities? If yes, please give details. Please enclose any supporting evidence when you return this form (eg doctor's letters, hospital or clinic appointments, medical certificates). Also tell us how your home is particularly suitable for you or a member of your family with these health problems or disabilities. Would you have difficulty finding more suitable accommodation because of these physical or mental health problems? | | | | | | |

| SECTION E | |
|---|--------------------------------------|
| Have you tried to find alternative accommodation? eg. have you registered with the council or a housing association? tried to find cheaper accommodation? | Yes No If 'Yes', please give details |
| | |
| | |
| SECTION F | |
| Please tell us how the area is suitable for you and or your family eg is it near your children's school or nursery? are you near your family who provide you with support of some kind? is it near a clinic or hospital that you attend on a regular basis? | |
| | |
| | |
| SECTION G | |
| Do you, or a member of your family, have mobility problems which mean you need easy access to public transport or shops, etc? eg do you need to live in a flat area because of your disability and/or are near to public services? | Yes No If 'Yes', please give details |
| | |
| | |
| | |
| SECTION H | |
| Is there anyone else in your family or household who can help you meet your rent or council tax? | Yes No If 'Yes', please give details |
| | |
| | |

SECTION I

| that we should take into | account just had one; a recent be | nges affecting you (or a member of your family) ereavement; a recent increase; a relationship breakdown; moving home; starting or usehold, etc | | | |
|--|--------------------------------------|--|--|--|--|
| | | SECTION J | | | |
| I think I can afford to pay | £ | towards my weekly rent | | | |
| I think I can afford to pay | £ | towards my weekly council tax | | | |
| Do you have multiple debts and need help to resolve them? If you would like us to send a copy of the finance assessment form and refer you to the Money Advic Service, please tick box Your contact details | | | | | |
| | | | | | |
| Do you have a social worker | r or a key worker | r? Yes No | | | |
| If yes, what is their name an | d telephone numl | ber? | | | |
| | | | | | |
| Would you like us to use the to your landlord? | e information pro | Yes No | | | |

SECTION K - Financial assessment form

| YOUR WEEKLY INCOME (please convert any monthly income to weekly figures) | YOU | PARTNER |
|--|-----|-----------------|
| Net earnings from employment | | |
| Income support/jobseekers allowance/Universal credit | | |
| Working and/or child tax credit | | |
| Incapacity benefit/employment support allowance | | |
| disabled living allowance/attendance allowance/ | | |
| personal independence payment | | |
| Housing benefit | | |
| Council tax support | | |
| Child benefit | | |
| Retirement pension/works pension | | |
| Any other state benefit | | |
| Money received from parents/friends | | |
| Any other income (please state source) | | |
| TOTAL WEEKLY INCOME (A) | | |
| YOUR CURRENT AMOUNT OF CAPITAL | YOU | PARTNER |
| Bank accounts | | |
| Building society/post office accounts | | |
| Other savings | | |
| TOTAL AMOUNT OF CAPITAL | | |
| YOUR WEEKLY OUTGOINGS (please convert any monthly outgoings to weekly figures) | YOU | ARREARS, IF ANY |
| Rent | | |
| Council tax | | |
| Electricity | | |
| Gas | | |
| Water rates | | |
| TV licence/rental | | |
| Telephone | | |
| Food | | |
| Household products | | |
| Clothing | | |
| Car/transport | | |
| Maintenance | | |
| Fines | | |
| Other outgoings (please say what they are) | | |
| TOTAL WEEKLY OUTGOINGS (B) | | |
| WEEKLY INCOME LESS WEEKLY OUTGOINGS (A LESS B) | | |

Financial assessment form continued NAME OF CREDITOR - Who you owe money **BALANCE OWING OFFER OF REPAYMENT** ١. 2. 3. 4. 5. 6. 7. 8. **TOTAL** Please tick the relevant box for how often you want to make the payment. Weekly Monthly **SECTION L - Declaration DECLARATION:** I will tell you if any of the details on any letter you send me are incorrect. The information I have given is true and correct. If any of the information is found to be untrue, and I get too much discretionary award or reduction, the council can ask me to pay it back and may prosecute me. I will write to you straight away if there are any changes in my circumstances so that you can work out my benefit and/or reduction again. If I do not, and it leads to getting too much discretionary award or reduction, the council can ask me to pay it back and may prosecute me. If I have ticked the boxes in **SECTION J**, I authorise you to send a copy of the financial assessment form to the Money Service. To show that you have read and understood the declaration, please sign and date **the form below** (If you have a partner, they should also sign below) You: Date: Your partner: Date:

Please return this form togther with the necessary documentary proof to: Benefits Department, Rushmoor Borough Council, Council Offices, Farnborough Road, Farnborough, Hants GU14 7JU

Privacy Notice – Discretionary Housing payments

1.Identity of the Data Controller and contact details

Rushmoor Borough Council is the data controller for the personal information you provide on this form. You can contact the Council by phone on 01252 398177, via email to benefits@rushmoor.gov.uk or by writing to us at Council Offices, Farnborough Road, Farnborough GU14 7JU. You can contact the Council's Data Protection Officer at data.protection@rushmoor.gov.uk.

2. What we need your information for and the legal basis for it

We need your personal information to process your application for a Discretionary Housing Payment to be paid, if awarded, with your Housing Benefit. The law allows us to use your personal information in this way as carrying out responsibilities under Social Security Law is one of the Council's public tasks.

3. Use for any other purposes

If we need to use your information for any other purpose, we will normally inform you before using it, unless we believe you know about the new purpose already or there are legal reasons that prevent us from telling you.

4. Will you pass my information to anyone else?

We may share your information with other teams within the Council such as Housing, Planning, Audit, Council Tax and Corporate Investigations in order to provide our services, carry out our public tasks and to keep our records up to date. If you ask a Councillor for help we may pass information to them and other services to enable them to help you.

We may also pass information about you to third parties where permitted or required by law to do so. This may include other local authorities and government departments or agencies carrying out their public tasks, such as Hampshire County Council, Department of Work and Pensions, External Audit, HMRC and the Police in carrying out criminal investigations.

5. How we will store and look after your information

Your data will be held electronically and will not be stored in a country outside the UK. All paper records containing your personal information will be held securely in our filing systems and archives.

6. How long we will retain your information

We will normally keep your details in our current database for as long as you are receiving benefits. If your benefit ends we will keep your records for up to 2 years depending on the reason is ended or for as long as we are required to do so by law, or in accordance with our operational requirements. For further information on our policy for retaining personal information, see our retention guidelines.

7. Your rights concerning your information

The General Data Protection Regulation gives you a number of rights concerning your personal information. See the list below. Not all rights apply in every case – it will depend on the legal basis for collecting your information and how we use it.

•The right to be informed

•The right to restrict processing

The right of access

•The right to data portability

•The right to rectification

•The right to object

•Rights related to automated decision making, including profiling

•The right to erasure

Further details on these rights can be found on our website www.rushmoor.gov.uk/dataprotection

8. Right to complain to the Information Commissioner's Office

If you are not happy with the way the Council is handling your personal information you have the right to lodge a complaint with the Information Commissioner's Office. (ICO).

You will find details of how to do so on the ICO website at https://ico.org.uk or by phoning their helpline on 0303 123 1113.

9. Why we need your information and the consequences of not providing it

We need your information to carry out our responsibilities under Social Security Law. If you do not provide it to the council will not be able to process your application for a Discretionary Housing Payment and you will be ineligible to receive an award. This decision would be made under the Housing Benefit Regulations 2006, The Council Tax Reduction Schemes (Prescribed Requirements) (England) (Amendment) Regulations 2018 and the councils Council Tax Reduction Scheme, S13A and Schedule 1a of the Local Government Finance Act 1992.