

REF.
NO:

DATE
ISSUED:

ISSUED
BY:

ISSUED
REASON:

Name:

Address:

APPLICATION FORM FOR A DISCRETIONARY HOUSING / COUNCIL TAX HARDSHIP PAYMENT

To be considered for an award of Discretionary Housing or Council Tax Hardship Payment a customer must demonstrate the need for further financial assistance on top of Housing Benefit and/or Council Tax Support. Mendip District Council will use all the information provided on this form to make the decision.

Please complete and return this form to the Benefit Section as soon as possible.

If you have any queries or require any further information please contact the benefits section.

Benefit Section, Cannards Grave Road, Shepton Mallet, Somerset BA4 5BT.

Telephone: 0300 030 8588 Fax: 01749 344050 Email: customerservices@mendip.gov.uk

Website: www.mendip.gov.uk

✓ **Supporting**
business development and growth

✓ **Improving**
the provision of housing

✓ **Addressing**
rural isolation

✓ **Providing**
leadership

MENDIP
DISTRICT COUNCIL

PLEASE COMPLETE ALL QUESTIONS

- ① Are you applying for Discretionary Housing Payments?
and/or Council Tax Hardship Payments? Yes No
Yes No

If you are applying for Council Tax Hardship Payments only, please go to question 10

- ② Have you recently moved address?
If yes, please confirm your reasons for moving from your previous address Yes No

- ③ Did you enquire about the level of rent that would be used in the calculation of your
Housing Benefit before taking your current tenancy? Yes No

If yes, please confirm what steps you took

If no, please give reasons

- ④ Did you try to negotiate the level of rent before taking on your current tenancy? Yes No
Please give details of the outcome

- ⑤ Have you tried to find cheaper accommodation? Yes No

If yes, please outline the steps you have taken and if no, please give the reasons

- ⑥ When does your current tenancy end? Date

- ⑦ How much notice are you required to give on your current tenancy
if you wish to terminate it?

- ⑧ Is there any reason why you could not move if you found cheaper
alternative accommodation? Yes No

If yes, please give reasons

- ⑨ Do you have rent arrears? Yes No

If yes, how much and the reasons?

If no, please confirm how you are meeting any rent shortfall

- ⑩ Do you have any relatives or friends who could help you? Could they provide you with
accommodation or help with your rent and/or council tax?

- ⑪ Do you receive a financial contribution from any non-dependant/s living with you? Yes No

If yes, please confirm the amounts received on page 3
If no, please confirm why

PLEASE COMPLETE ALL QUESTIONS

12 Do you or any member of your family have any disabilities or medical conditions?

Yes

No

If yes, please give details

13 Is there anything else you wish to be taken into consideration?

WEEKLY INCOME

Please do not include Housing Benefit

INCOME	WEEKLY AMOUNT	
	YOU	PARTNER
Net earnings from employment / self employment		
Income Support/Job Seekers Allowance/ Universal Credit		
Working Tax Credit		
Child Tax Credit		
Non-dependant contributions		
Child Benefit		
Retirement Pension/Work Pension		
Employment and Support Allowance		
Any other state benefits		
Money received from friends / family		
Maintenance		
Any other income (please state source)		
Any other income (please state source)		
Any other income (please state source)		
TOTAL		

WEEKLY OUTGOINGS

Please include any relevant supporting documentary evidence as detailed on page 5

HOUSING		
EXPENSES	WEEKLY AMOUNT	FOR OFFICE USE ONLY
Rent after Housing Benefit		
Council Tax after support and any discounts		
Mortgages		
Secured/unsecured loans Please confirm purpose		
Service charges		
Electricity		
Gas		
Water Rates		
Oil/Coal/Wood		
Endowment		
Mortgage Protection		
Buildings Insurance		
Contents Insurance		
Life Insurance		
TOTAL		

(please note, if any of these expenses are considered to be high, we may require the reason for this and supporting evidence)

HOUSEKEEPING		
EXPENSES	WEEKLY AMOUNT	FOR OFFICE USE ONLY
TV Licence/rental		
Satellite/cable fees/internet		
Home phone		
Mobile phone		
Food		
Household products		
Toiletries		
Clothing		
Maintenance paid (child or spouse)		
Nappies		
Laundrette/Dry cleaning		
Cigarettes		
Alcohol		
Pet food		
TOTAL		

WEEKLY OUTGOINGS (continued)

Please include any relevant supporting documentary evidence as detailed below

TRANSPORT		
EXPENSES	WEEKLY AMOUNT	FOR OFFICE USE ONLY
Road tax		
Vehicle insurance		
MOT		
Vehicle repairs and maintenance		
Fuel and oil		
Public transport		
TOTAL		

OTHER		
EXPENSES	WEEKLY AMOUNT	FOR OFFICE USE ONLY
Childcare/personal care		
Prescription charges		
Pension payments (not already deducted from your earnings)		
Leisure - Please Specify		
Disability/Care related expenditure - Please specify		
Health related expenditure - Please specify		
Other - Please specify		
TOTAL		

Supporting Evidence Information

Any evidence provided will need to cover a typical spend of at least two weeks or two payments (but you may be asked for more), in order for an average to be accurately calculated.

- Tenancy agreement or letter from landlord** - confirming the amount of the rent liability, any service charges, date the tenancy is due to end, amount of notice required to end the tenancy
- Mortgage/Loans/Credit Cards/Catalogues** - documentary evidence from mortgage provider or lender or consecutive entries on your bank statement
- Electric/Gas/Water rates/Oil/Coal/Wood** - recent receipts/bills showing the period they relate and the amounts
- TV licence/rental/internet** - documentary evidence from licence company or consecutive entries on your bank statement
- Phone** - bills/recent receipts confirming the period covered and the amount paid
- Food/toiletries/household products/nappies/pet food/cigarettes/alcohol** - recent receipts
- Maintenance** - a letter from the person to whom you make payments confirming the amount paid and the frequency paid.
- Child care/Personal care** - evidence from your care provider confirming the amount you pay and the frequency paid
- Prescription charges** - receipts confirming the amount and frequency of these payments
- Road tax/Vehicle insurance/repairs and maintenance** - recent bill/policy document or relevant receipts
- Fuel and Oil/Public transport** - recent receipts

DECLARATION

I confirm that the information I have given above is a true and accurate account of my current circumstances. Should I have any change in my circumstances or the expenses declared on pages 4 and 5, which may affect my entitlement, I will inform the Benefit Section immediately.

The Council is committed to the fight against fraud in all its forms. Any applicant, who tries to fraudulently claim a payment, by falsely declaring their circumstances or by providing a false statement of evidence in support of their application, will have committed an offence under the Theft Act 1968.

Any cases where the Council suspects that this has occurred will be investigated and subject to the actions available within the Council's anti fraud policy. This may lead to the Council commencing criminal proceedings.

Date

Date

Form filled in by someone other than the person claiming

Date

I have confirmed with the person claiming that the answers on this form are correct

I have confirmed with the person claiming that they understand the declaration they are signing

Warning: To give false information or to withhold information may result in prosecution.

**Please return this form to The Benefit Section, Cannards Grave Road, Shepton Mallet, Somerset BA4 5BT. Telephone: 0300 030 8588 Fax: 01749 344050
Email: customerservices@mendip.gov.uk Website: www.mendip.gov.uk**