

Application Form

Discretionary Housing Payment

Extra help to pay your rent for people on Housing Benefit or
Universal Credit

Early Intervention Team
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Application for Discretionary Housing Payment

Part 1: About You

To help us process your application quicker, please give us your current contact details

Full Name	
Address	
Postcode	
Housing Benefit Claim Reference Number (if applicable)	
Date of Birth	
National Insurance Number	
Phone Number	
Email Address	

Please note we may contact you regarding your claim and your appointments. We have found that contacting customers by email and text is an efficient way of getting in touch quickly. If you have any preferences about the way you want to be contacted let us know.

How did you hear about Discretionary Housing Payment (DHP) and/or the Welfare Reform Team? (optional)

- ☐ Advice Centre
- ☐ Universal Credit
- ☐ Job Centre
- ☐ Housing Association
- ☐ Oxford City Council
- ☐ Charity
- ☐ Other

If Other, please specify

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Part 2: About Your Circumstances

Why are you applying for DHP e.g., personal circumstances, bedroom tax, Local Housing Allowance (LHA) shortfall, benefit cap, shortfall in your Universal Credit (UC) award?

Are you getting help from anyone at the moment e.g., Advice Centre, Aspire, Connection, Crisis, Mind, Social Services, Tenancy Sustainment, etc.?

- ☐ No
- ☐ Yes

If yes, please provide further details

Is there anything else you would like us to know about when we are considering your application e.g. risk of eviction, health, pregnancy, addition issues?

Part 3: About Your DHP Award

DHPs provide short-term financial help for people who are working towards improving their situation so that they can afford to pay rent without this support in the future.

Whether you are applying for a new award or reapplying for a DHP, please explain which of the following options you are taking or are prepared to take to improve your situation so that you can afford to pay your rent in the future.

- ☐ Employment/Training towards work
- ☐ Downsizing (moving to a smaller home)
- ☐ Moving to a cheaper accommodation
- ☐ Increasing working hours
- ☐ Debt / Money Advice
- ☐ Other (please specify below)

When would you like your DHP to start?

Why would you like DHP to start on this date? If you want DHP from a past period, tell us why you did not apply before?

Part 4: About your financial situation

Income Information

Description	Amount (£)	Frequency
Wages for You		Weekly / Monthly
Wages for your partner (if applicable)		Weekly / Monthly
Income Support (IS)		Weekly / Monthly
Employment and Support Allowance (ESA)		Weekly / Monthly
Job Seekers Allowance (JSA)		Weekly / Monthly
Universal Credit		Weekly / Monthly
Child Benefit		Weekly / Monthly
Carers Allowance		Weekly / Monthly
Personal Independence Payment (PIP) – mobility component		Weekly / Monthly
Personal Independence Payment (PIP) – care component		Weekly / Monthly
Disability Living Allowance (DLA) – mobility component		Weekly / Monthly
Attendance allowance		Weekly / Monthly
Child Maintenance		Weekly / Monthly

Pension

Description	Amount (£)	Frequency
State Pension		Weekly / Monthly
Occupational Pension		Weekly / Monthly
Other Pension		Weekly / Monthly

Part 4: About your financial situation

Savings / Other Information

Savings and Investments: Amount

Please provide details of savings / investments

Description	Amount (£)	Frequency
State Pension		Weekly / Monthly
Occupational Pension		Weekly / Monthly
Other Pension		Weekly / Monthly

Part 4: About your financial situation

Bills

Description	Amount (£)	Frequency
Total rent including service charges		Weekly / Monthly / Quarterly/ Yearly
Water Rates		Weekly / Monthly / Quarterly/ Yearly
Gas		Weekly / Monthly / Quarterly/ Yearly
Electricity		Weekly / Monthly / Quarterly/ Yearly
Mobile phone costs		Weekly / Monthly / Quarterly/ Yearly
TV License		Weekly / Monthly / Quarterly/ Yearly
Pay TV Internet phone packages		Weekly / Monthly / Quarterly/ Yearly

Housekeeping

Description	Amount (£)	Frequency
Food		Weekly / Monthly / Quarterly/ Yearly
School meals		Weekly / Monthly / Quarterly/ Yearly
Disability related care spending		Weekly / Monthly / Quarterly/ Yearly

Part 4: About your financial situation

Debts

Tells us about your debts and how much you are paying off on a regular basis.
You do not need to include information about any Housing Benefit over payment or Council Tax arrears as we hold this information on our records

Description	Amount (£)	Frequency	Total amount of debt £
Rent Arrears		Weekly / Monthly	
Loans from family or friends		Weekly / Monthly	
Payday or doorstep loans		Weekly / Monthly	
Hire purchase white goods		Weekly / Monthly	
Bank costs		Weekly / Monthly	
Maintenance payments		Weekly / Monthly	
Catalogue payment		Weekly / Monthly	
Student loans		Weekly / Monthly	
Other debt		Weekly / Monthly	

Other debt – please provide details of companies and organisations to which you owe

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Part 5: About your Universal (UC) award

Please complete this part only if you are in receipt of Universal Credit (UC). If you are not in receipt of Universal Credit (UC) please do not complete this page and move to Part C

Proof of rent

If you are a housing association or a private tenant, you must provide proof of your rent to us. This could include a tenancy agreement, letter from your landlord, rent statement or a bank statement showing your rent payments.

If you are a council tenant we do not need this information

Proof of Universal Credit (UC) award

Please provide a screenshot or print out of your Universal Credit award breakdown from your UC account showing your award amount and how it was calculated.

Please indicate which one you are attaching

- ☐ Proof of Rent
- ☐ Proof of Universal Credit (UC) Award

Part 6: Bank Account Details

Please provide bank account details of the account to which you would like to receive any DHP award

Name of Bank e.g. ABC Bank	
Account Name/s e.g Name as it appears on your bank statement (Mr A Nother)	
Account number 8 digital account number e.g 12345678	
Account sort code 6 digital number which identifies your bank e.g. 01-34-56	

Part 7: Equal opportunities monitoring information (optional)

We need to monitor how we distribute the payment.
Please help us to do this by ticking the boxes which you feel best apply to you.

Q1. What is your ethnic group?

White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Other White
Asian	<input type="checkbox"/> British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian Background
Mixed	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White Asian <input type="checkbox"/> Other Mixed Background
Black	<input type="checkbox"/> British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black Background
Other	<input type="checkbox"/> Other
If Other please specify	

Q2 What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Other / Prefer not to say

If other, please specify

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Q3 What is your sexual orientation?

- ☐ Heterosexual / straight
- ☐ Homosexual / Gay / Lesbian]
- ☐ Bisexual
- ☐ Other
- ☐ Prefer not to say

If Other, please specify

Q4 What is your nationality?

Q5 Do you have difficulties reading or writing English?

- ☐ Yes
- ☐ No

Q6 Is English your 1st language

- ☐ Yes
- ☐ No

If no, what is your 1st language?

Part 8: Declaration

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE

I understand the following:

- If I give incorrect or incomplete information, the council may take action (including court action) against me.
- The council will use the information I have given to assess my claim for Discretionary Housing Payment (DHP), and I agree that the council can verify this if needed.
- I will tell the council about any changes in my circumstance that may affect my claim.
- The personal data that we hold against your (benefit/rent/council tax/non-domestic rates) records will be used for the legal requirement to administer your application for Discretionary Housing Payments (DHP). This information gathered can be from discussing your case in person, in writing, electronically or over the telephone.
- We will not use your personal information for marketing or credit reference agencies.
- Legally we are required to send your data to other government agencies, such as HMRC, DWP, Valuation office and MHCLG. We also are part of the National Fraud Initiative where every two years we send your data to the Cabinet Office to ensure that the data held is correct and for fraud prevention against the public purse. This data sharing will be for all people associated with your property.
- We also use other companies for the processing of your account such as enforcement agencies and computer software providers. We also share your information with other departments within the council that provide different services that may be of benefit to you.
- We will only discuss your claim with your landlord if you give us permission to do so. We can also discuss your claim with third party agencies, such as Welfare Rights or Citizens Advice who may be helping you with your finances. You will have to give us permission to do this.
- We will hold your data for as long as you are active to our databases. When your account or claim becomes dormant, we will hold it for six years for financial accounting purposes. After this period of time, you have the right to be forgotten and can write to us to remove all of your data from our records.

- ☐ Tick here if you allow your data to be shared with the Council's Community Hubs for additional support such as food larders.

Full name

Date

If someone filled in the form for you, please fill in their details below and tick the declaration

below

Part 8: Declaration – Someone has filled in the form for you

Has someone filled the form in for you?

- ☐ Yes
- ☐ No
- ☐ Tick here if you are happy for us to contact the person who filled in the form

Full name of person who completed the form

Telephone

Relationship to claimant

Declaration

- ☐ I can confirm that I have completed the form on behalf of the claimant. The information contained within the form has been given to me by the claimant. The claimant confirms that this information is correct.