



Revenues and Benefits
Arun District Council
Civic Centre
Maltravers Road
LITTLEHAMPTON
West Sussex BN17 5LF

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Application for a Discretionary Housing Payment

UPRN									
Claim									

For office use only

Date issued . / . / .

Notes for filling in this form:

Please complete every section of the form, failure to do so could result in a delay in considering your application. If you need help, our phone number is 01903 737753 or call in at the Civic Centre, Littlehampton or Bognor Regis Town Hall.

What to do next:

When you have filled in the form sign it and send it to us along with evidence of the expenses you have declared, such as utility bills, receipts etc.

Is this your First Application Repeat Application

If this is a repeat application, have you considered any of the following for help since your last award?

- Citizens Advice Bureau
- Our Housing Options Team
- 'Let's Help You' leaflet

If not, why not?

If successful, when would you like your award to start? . / . / .

PART 1 - About you

Title (Mr, Mrs, Ms, Miss other)

Surname

Other name(s).....

Address (including the room number if you have one)

.....

..... Post Code

Telephone number(s)

PART 2 - Your Property

Have you moved in the last year?

Yes No

Why did you move?

Does your Housing Benefit cover your full rental charge?

Yes No

If **no**, have you asked your landlord if the rent can be lowered?

Yes No

If Housing Benefit covers your full rent, what do you need extra financial help for?

Have you looked for cheaper/smaller accommodation?

Yes No

If **yes**, what steps have you taken to find cheaper/smaller accommodation?

Are there any reasons why you could not move if you were able to find cheaper smaller accommodation?

Please give details.

PART 2 - Your Property - continued

Do you have any rent arrears?

Yes No

If 'Yes' how much?

£

If there are no arrears how have you been paying the shortfall?

PART 3 - Household circumstances

Do you or any member of your household have any disabilities or health problems?
Please give details

Yes No

Has the property had any disabled adaptations?

Yes No

If yes please detail

Do you or any member of your household require a medically approved over-night carer?

Yes No

Are any members of your household currently living elsewhere but still consider your address their main home?

Yes No

If so, please detail

Are you expecting any changes in the number of people living in your home in the next 3 months?

Yes No

If yes, please detail

PART 4 - Income and Expenses

Please complete in full. We cannot consider the application if you do not. If you do not have income or expenses for some of the items, please write 'NONE'.

Income	Weekly
Your net pay	
Partner's net pay	
Income Support	
Jobseekers Allowance	
Employment Support Allowance	
State Pension	
Private pension	
Pension Credits	
Child Benefit	
Maternity Benefit	
Child Tax Credits	
Working Tax Credits	
Maintenance	
Disability Benefits	
Incapacity Benefit	
Attendance Allowance	
Carers Allowance	
Sick Pay	
Income from boarders/lodgers	
Contributions from Household members	
Other income	

Expenditure	Weekly
Council Tax	
Water rates	
Electricity	
Gas	
Housekeeping (food, toiletries etc)	
Court Order or fines	
Phone (landline)	
Mobile phone	
Insurances	
Car expenses (tax, insurance etc)	
Petrol	
Travel (bus, train etc)	
Loans	
Clothing	
TV License	
SKY/Cable TV	
Maintenance	
Child Support	
Credit or store cards	
Catalogues	
Cigarettes/Tobacco	
Alcohol	
Entertainment	
Newspapers/Magazines	
Pets	
Childs hobbies/clubs	
Private Pensions	
Prescription Charges	
Broadband	
School Meals	
Child Care	
Other	

Please provide evidence of all expenses declared above.

How much savings do you or your partner have?

£

PART 5 - Any other information

Please use the space below to give any other information you feel is relevant to this application.

PART 6 - Declaration

Even if someone else has filled in this form for you, you must sign the declaration if you can.

Please read this declaration carefully before you sign and date it.

- I declare that I have checked the information on this form and confirm it is correct and complete.
- I know that I must let you know in writing about any change in my circumstances which might affect my Housing Benefit and any Discretionary Housing Payment.
- I understand that if the information is incorrect or incomplete you may take action against me. This may include court action.
- I understand that you may use any information I have provided in connection with this and any other claim for social security benefit that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.

Signature..... Date

If this form has been filled in by someone other than the person making the application - please tell us why:

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form.....

Signature of the person claiming.....

Relationship to the person claiming

Telephone number..... Date



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