



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

Tel: 01903 737753  
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Email: [revenues.benefits@arun.gov.uk](mailto:revenues.benefits@arun.gov.uk)  
**[www.arun.gov.uk](http://www.arun.gov.uk)**

## Application for a Discretionary Housing Payment for people on Universal Credit

UPRN									
PIN									

**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. Your Financial Advisor should be able to help you complete this form but if you need further assistance, please call 01903 737753 or call in at the Civic Centre, Littlehampton or Bognor Regis Town Hall.**

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

**PART 1 - About you and your household**

Title (Mr, Mrs, Ms, Miss other) .....

Surname .....

First name(s) .....

Date of birth ..... / ..... / .....

Address (including the room number if you have one) .....

.....

..... Post Code .....

Telephone number(s) .....

National Insurance Number 

--	--	--	--	--	--	--	--

Do you give permission for us to talk to your landlord? **No**  **Yes**

**Now tell us about the other people who usually live with you**

If there are more than 4 people please use a separate piece of paper.

	1st person	2nd person	3rd person	4th person
Surname:				
First name(s):				
Date of Birth:				
National Insurance Number:				
Relationship to you (partner, child, parent etc.)				
<b>What income do they have?</b> We need to see evidence of this.				
<b>Are they a full-time student?</b> (Please answer yes or no)				

**PART 2 - About your property**

Landlord's name and address .....

.....

.....

.....

**Have you looked for cheaper/ smaller accommodation?** **No**  **Yes**

If **yes**, what steps have you taken? .....

.....

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

(please explain)

.....  
 .....

Do you have any rent arrears?

No  Yes

If **yes**, how much?

.....

If **no**, how have you been paying?

.....

**PART 3 - Income and expenses**

Income	Weekly amount	Expenses	Weekly amount
Your net pay		Rent	
Partner's net pay		Water rates	
Sick Pay		Electricity	
Maintenance		Gas	
Income from boarders / lodgers		Groceries	
Contributions from household members		Court orders / fines	
Total Universal Credit Award		Phone (land line)	
Housing Element of Universal Credit		Mobile phone	
Tax Credits - other benefits / pensions		Insurances	
		Car expenses (Tax, insurance, MOT etc)	
		Petrol / Diesel	
		Public transport	
		Loans	
		Clothing	
		TV License	
		SKY / Cable TV	
		Broadband	
		Maintenance	
		Credit / store cards	
		Catalogues	
		Cigarettes/ tobacco	
		Alcohol	
		Pets	
		Child's hobbies	
		Private Pensions	
		Prescription fees	
		School meals	
		Child care	
		Newspaper / magazines	
Entertainment			
Other			
How much savings do you (and your partner) have?			
Who receives the Housing element of Universal Credit?	.....		

**PART 4 - What are you doing to help yourself?**

What steps are you taking to:

Increase your income? .....

.....

.....

Reduce your expenses? .....

.....

.....

Move or make your home more affordable? .....

.....

.....

**PART 5 - Start date**

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

.....

Please explain why .....

.....

.....

.....

**PART 6 - Payments**

What date of the month is your Universal Credit paid?      /      /

.....

If you receive all your Universal Credit including the Housing Costs Element, please supply details of the account you would like your Discretionary Housing Payment paid to.

Name of Bank / Building Society	
Sort Code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Account No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Roll number (building societies only)	
Name of account holder	

**PART 6 - Payments** (continued)

If the Housing Costs Element of your Universal Credit is paid direct to your landlord, we will pay any Discretionary Housing Payment to them too. If there is any reason why you feel we should pay you, please tell us this here.

Please make sure your landlord completes the form attached at the back of this form regardless of who you want us to pay to. If you do not want your landlord to know you are in receipt of benefits, please supply an up to date tenancy agreement instead.

**PART 7 - Any other information**

Please use the space below to give any other information you feel may help your application.

## DECLARATION

**I declare the information I have given on this form is correct and complete. I know i must let the council know about any changes in my circumstances which may affect my claim.**

**I understand that you may take criminal proceedings against me if:**

- I lie to you so that I can get benefit
- I give you false documents so that I can get benefit
- I do not tell you about any changes to my circumstances that may affect my claim, or
- I claim benefit when I know I should not.

**I will contact you and tell you about any changes to:**

- my income, my partner's income and the income of anyone else who lives with me
- my savings and my partner's savings
- the number of people who live with me
- my address and my rent, and
- my marital or civil partnership status, and
- any other change to my circumstances or the circumstances of any member of my family.

**I declare that:**

- I understand it is my responsibility to notify you of any change in circumstances. I understand that the Department for Work and Pensions will not do this on my behalf even if I notify them of the change
- if this form has been filled in by someone else on my behalf, I have read it, or have had it read to me
- the details on the form are true and complete, and
- I have sought permission from everyone else who lives with me to use their details to process my claim.

Signature..... Date .....

### Data Protection Act 1998

We must protect the public funds we handle so we may use the information provided on this form to prevent and detect fraud. We may use this information to promote other council services you may be entitled to. We may share this information with other organisations which handle public funds for the same purpose. We may keep information about you on computer. If we do, we will keep to the rules laid down by the Data Protection Act 1998.



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# Housing Benefit

## Landlord's/Agent's Declaration - Direct Payment

This declaration only needs to be completed if payment are to go direct to your landlord or their agent. Please complete Part 1 and ask your landlord or their agent to complete Part 2. Do not delay in returning the claim form while this form is being completed.

### PART 1 - to be completed by the tenant(s)

Tenant's name:

Tenant's address:

### PART 2 - to be completed by the landlord or their agent

Your tenant has asked you to complete this form because they want payment of Housing Benefit to go direct to you. Please help your tenant by completing it.

I ..... (Landlord / Agent's name)

of ..... (Landlord / Agent's address)

.....  
.....

agree to accept payment of Housing Benefit for the tenant(s) named on this form.

#### I understand that by law:

- I must tell the Benefits Section straight away if I find out about any change in the tenant's circumstances
- You can stop paying Housing Benefit to me if I do not tell you about any change of circumstances
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to, and
- If you pay me too much Housing Benefit for any tenant, I must repay it. You can take the amount of overpaid benefit from the Housing Benefit I get for any other tenants. This will not affect their rent.

Signature..... Date .....

If Housing Benefit for your tenant is to be paid directly into your bank account, please tell us the following details.

Name and address of Bank / Building Society											
Whose name is the account in?											
Account No.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
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## Housing Benefit: Landlords / Agents Declaration - Proof of rent charged

Your tenant has asked you to complete this form because they want payment of Housing Benefit to go direct to you. Please help your tenant by completing it.

Tenant's name: ..... Landlord/Agent's Name:.....

Tenant's address:..... Tel. No: .....

..... Landlord/Agent's Address: .....

**Are you or your partner related to the person claiming Housing Benefit, their partner or any child in their care?**

NO  YES

If yes, please state relationship

.....

**When did the tenancy start?**

...../...../.....

**How long is the tenancy for?**

.....

**What is the full rent charged?**

.....

**When was the last rent increased?**

.....

**How often do you collect the rent?**

Weekly  Monthly  4 weekly

(please tick box)

Other (please specify): .....

**How is the rent paid?**

Cash  Cheque  Direct Debit/Standing Order

(please tick box)

Other (please specify): .....

**Is the rent paid up to date?**

NO  YES

If no, give details of arrears

.....

**Does the rent include meals?**

NO  YES

If yes, which meals are included?

Breakfast  Lunch  Evening meal

**Are any of the following included in your tenant's rent? State how much (if known):**

Water charges	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ .....	Laundry	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£.....
Heating	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ .....	Cleaning rooms/windows	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£.....
Lighting	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ .....	Gardening	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£.....
Hot Water	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ .....	Garage or Parking space	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£.....
Fuel for cooking	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ .....	Personal Care and Support	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£.....

If there are any other services included in the rent please tell us about them: .....

### DECLARATION

**I confirm that all the information I have given above is correct. I understand that if I give false information or fail to report a change in circumstances I may be prosecuted.**

Signature..... Date .....

**Please return this form to your tenant for them to forward on to us, or send this form to the address shown above. If your tenant has asked us to pay you direct, please also complete the declaration overleaf.**