



Brent Customer Services
P.O. Box 425
Wembley
Middlesex HA9 6SU

Tel 020 8937 1800
Fax 020 8937 1940
Email benefits@brent.gov.uk
Web www.brent.gov.uk/benefits

APPLICATION FOR DISCRETIONARY HOUSING PAYMENT

Name:

Address:

Housing Benefit Claim Number:

Contact Phone number:

I, or a member of my family, will suffer hardship if I do not receive extra benefit. This is because:



INVESTORS IN PEOPLE



Brent – building a better borough

When did you move to this address?

(If you moved in the last 12 months, please state your previous address.)

If this was after 2 January 1996, did you ask for a Pre-Tenancy Determination (PTD)? Y N

Were you able to afford the rent when you moved in? Y N

If yes, please tell us how you were able to afford it. (eg in work)

Have you asked the landlord to reduce the rent? Y N

What was the outcome?

Have you tried to find cheaper accommodation? Y N

Is there any reason why you could not move if you found cheaper accommodation? Y N

If yes please give details.

How much notice would you have to give?

When does your current tenancy end?

Do you have any relatives or friends that could help you? Y N

If Yes, could they provide you with any accommodation (If only temporarily) Y N

If Yes, could they; or anyone that lives with you help with the rent? Y N



INVESTORS IN PEOPLE



Do you, or a member of your family; have any disabilities or health problems?	Y	N
---	---	---

If yes, please give details and provide documented evidence from Doctor/hospital:

Have you recently been bereaved?	Y	N
----------------------------------	---	---

If yes; was it a close relative? (please state who)	Y	N
--	---	---

--

Do you have any rent arrears? If yes; give details.	Y	N
--	---	---

Do you have any other debts (HP, loans, fines, etc)? If yes; give details.	Y	N
---	---	---

What are your weekly expenses (food, gas and electricity, etc.)? If any of these expenses are unusually high, please tell us why:
--



INVESTORS IN PEOPLE



Please complete the weekly expenses and outgoings chart.

- If you do not, your request will NOT be considered
- If you spend nothing please write NONE for you answer.

	£		
Food		Electricity	
Clothing / footwear		Gas	
Pub		Water Rates	
Newspaper / magazines		Videos	
Lottery		Books	
Motor expenses		Catalogue	
Tobacco		Travel	
Laundry		Alcohol	
Cinema		Toiletries	
Sports facilities		TV licence	
Child care costs		Cable / satellite	
Phone (landline)			
Mobile phone			

Court fines	
Amount of fines still outstanding:	
Hire purchase	
When does it end?	
Appliance rental	
What is it for and when does it end?	
Insurance	
Please specify what insurance is for	
Other	
Please specify	



INVESTORS IN PEOPLE



If you are receiving Income Support or Job seekers Allowance please give details of your income and capital:

Do you have any savings or property (including holiday homes or timeshares) abroad? If yes, give details:

Is there anything else you think we should know? If yes, give details:

IT IS VERY IMPORTANT THAT YOU READ THE FOLLOWING SECTION CAREFULLY BEFORE YOU SIGN. IF YOU DO NOT SIGN THIS FORM WE WILL NOT CONSIDER YOUR REQUEST FOR A DISCRETIONARY AWARD.

I am responsible for the completion of this form. I have read and understood each question. I realise you may increase my weekly entitlement to Housing Benefit / Council Tax Support as a result of the information I give.

I know that I must inform you of any changes in my circumstances, and I realise that it is a criminal offence to deliberately give you false details or withhold information to claim benefit

Claimant's Signature:		Date:	
-----------------------	--	-------	--

Partner's Signature:		Date:	
----------------------	--	-------	--

