

expenditure.

Discretionary Payment Application Form

Please fill in this form to apply for a Discretionary Housing Payment and/or Council Tax Support Exceptional Hardship Payment. If you need any help to fill in this form, or you would like more information about the payments, please contact us. If you prefer you can contact Camberley Citizens Advice Bureau or any other local advice agency.

Citizens Advice Dureau or ar	ly other local advice agency.	
1. Your Details		
Full Name		
Address		
Address		
Day time contact		
Day time contact		
telephone number		
Email address		
Claim reference or council		
tax account number		
If you have a representative	helping you with this claim, such as a CAB a	dvice worker or a
•	I name and address including post code and	
	Ill address and post code we will not be able to send	
2. Paying rent and cou	ncil tax	
Do you need help to pay you	ır rent?	Yes No
If yes, how much extra help	do you think you need each week?	£
Do you need extra help to pa	ay your council tax?	Yes No
If yes how much help do you	think you need each week?	£
Council Tax Support Excep	ptional Hardship Awards	
Where a customer is not clai	ming a Council Tax discount or exemption to	which they may be
	or additional financial assistance, they will be	
	ng a claim to maximise their income, before t	*
Hardship Funds will be decid	•	Holl Galiff for Exceptional

An Exceptional Hardship award may not be made until the customer has accepted assistance from the Council or a third party, such as the Citizens Advice Bureau or similar organisations, to enable them to manage their finances more effectively, including the termination of non-essential

Why do you need extra help to pay your rent and/or council tax? Please give as much detail as possible. Please continue on a separate piece of paper if needed	
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3. Income and expense

We need to know how much money you have coming in and how much you have going out each week. We also need to know about any debts you have and any money you have in the bank, building society or other savings accounts. Please give the details below. It is important you take your time to fill this in fully and list everything, including all essential and non essential outgoings.

What type of income	Who receives it	Amount	How often is it paid
e.g. Jobseeker's Allowance	e.g. Me	e.g. £71.70	e.g. weekly
Please give details of mo	oney held in banks,	building societies or	other accounts (including
Bank / building society n	ame	Amount	
e.g. Alliance and Leicester	-	e.g. £190	
Dobte - ploaso list any o	utetanding dobte in	cluding root, council tax	v fuel utilities leans and
Debts – please list any or credit cards	utstanding debts in		κ, fuel, utilities, loans and
credit cards Company owed to	utstanding debts in	Amount owed	κ, fuel, utilities, loans and
credit cards	utstanding debts in		κ, fuel, utilities, loans and
credit cards Company owed to	utstanding debts in	Amount owed	x, fuel, utilities, loans and
credit cards Company owed to	utstanding debts in	Amount owed	κ, fuel, utilities, loans and
credit cards Company owed to	utstanding debts in	Amount owed	k, fuel, utilities, loans and
credit cards Company owed to	utstanding debts in	Amount owed	x, fuel, utilities, loans and
credit cards Company owed to	utstanding debts in	Amount owed	x, fuel, utilities, loans and
Company owed to e.g Scottish Power	utstanding debts in	Amount owed	k, fuel, utilities, loans and
Company owed to e.g Scottish Power About your debts		Amount owed e.g. £299	
Company owed to e.g Scottish Power		Amount owed e.g. £299	

Expenditure – please list all expenditure – including food bills, regular weekly/monthly payments for things like clothing, school meals, travel to work/school, TV licence and rental, court fines, payments for debts, special diet, regular bills such as water rates, rent or mortgage payments, gas and electricity, child care costs, telephone, home care, etc. (this is not a exhaustive list)

Amount

How often is

Type of expense | Any special circumstances that you

	want to be considered			it paid
e.g. Food		£	240	weekly
e.g. Taxi fares	Because of disability have difficulty using public transport		211	weekly
4 If you have	moved home in the last year:			
4. II you nave	moved frome in the last year.			
What was your pre	vious address?	Wh	y did you lea	ve?
How much was the r	ent at your previous address?	£		
		1		
How often was this weekly?	s paid – weekly, monthly or four			
Г -				
Are there any spec	cial reasons that made you decide to move	e to	your current	home?

Did you make any enquiries about the level of Housing Benefit and/or Council Tax Support you would receive before moving into the property? Please give details.
Did you negotiate a reduction in the rent your landlord wanted to charge before moving into the property? Please give details.
Have any adaptations been made to your current home? Are there any needed? Please give details.
If you or any members of your household have any health problems that mean that you need to live here, please say who and tell us briefly about the problems.
Have you any rent arrears at this property? Yes No
If Yes - Please state how much and send end evidence of this If No - Please give details of how you have been meeting your full rent costs up to now
Has your landlord taken any action against you to recover any arrears? Yes No If Yes please send a copy of any letters sent to you about the arrears

Have you asked your landlord if he/she will accept less rent from you? Yes No If yes what was the result? Please give details
Do you have any rent arrears from any previous addresses? Yes No
If yes please state how much and how the arrears built up
Have you looked for cheaper, suitable accommodation? Yes No
If Yes please state where, If No please state why not
Are you on any re-housing lists? Yes No
Please state with whom and give the reference number
5. About your circumstances
Do you need an extra bedroom (or bedrooms) for a child/children who stay with you on a part-time basis? Yes No
Do you have shared custody/overnight custody of a child/children? Yes No
If Yes – please provide proof (if you have a court order granting access please provide this. If you do not have a court order, please forward a copy of a letter from your ex-partner or other proof.)
Give the name(s) and usual home address of the child/children who stay with you
What school(s) do they attend
How often has the child/children stayed with you in the last six months?

Do you have a carer?
If Yes – do they need to stay overnight?
, , ,
If Yes – give their name and the address where they normally live or the name of the agency that
· · · · · · · · · · · · · · · · · · ·
employs them
6. Extra Information Please use this space to tell us anything else about your special circumstances for applying for a Discretionary Housing Payment and/or Council Tax Support Exceptional Hardship Payment. Tell us anything that is relevant even if it is not important.
is relevant even in it is not important.
Declaration
I declare that the information I have given on this form is correct and complete to the best of my knowledge. I understand I may be required to provide additional information as requested by the Council. I authorise the Council to make any enquiries necessary to verify the information on this form. I will notify the Council of any change of circumstance as they occur. I understand that if I give any information that is incorrect or incomplete or fail to report any changes to the Council then I WILL be liable to repay all or part of any Discretionary Housing or Council Tax Support Exceptional hardship Payment.
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Return form to: The Benefits Section

Surrey Heath Borough Council Surrey Heath House

Knoll Road Camberley

Surrey GU15 3HD

Tel: 01276 707121 **Fax:** 01276 707664

Email: benefits@surreyheath.gov.uk Website: www.surreyheath.gov.uk