

DISCRETIONARY HOUSING PAYMENT APPLICATION FORM

Name:

Address:

1. Have you asked your Landlord if he / she would be prepared to accept a lower rent figure?

Yes **No**

If **yes**, give details:

2. Are you at risk of being evicted because of the shortfall in your rent?

Yes **No**

If **yes**, give details:

3. Could you move to cheaper accommodation?

Yes **No**

Give reasons for either answer:

4. Do you or your partner have any savings / investments?

Yes **No**

If **yes**, give details, including amounts:

5. Are there any health / medical problems affecting any members of your household that would make it undesirable for you to change address?

Yes No

If **yes**, give details:

6. If there are any other adults in your household who are not dependant on you, do they have any income or savings / investments?

Yes No

If **yes**, give details of persons and amounts held:

7. If there is any other information that you think should be taken into account, please give details below:

I declare that the information I have given on this form is correct and complete to the best of my knowledge and understand that action may be taken against me if this is found to be incorrect or incomplete. I also undertake to report any changes in my circumstances which may affect any award of Discretionary Housing Payment and understand that action may be taken against me if I fail to do so.

Signed:

Date: