

Discretionary Housing Payment

Application Form – Housing Benefit

HB Ref No:

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Please complete this form if you are getting *Housing Benefit* and wish to be considered for an award of *Discretionary Housing Payment* from the *Housing Executive*.

A Discretionary Housing Payment can only be awarded by the Housing Executive to tenants where their award of housing benefit is affected by one (or more) of the following:

1. A rent restriction (for private tenants)
2. the 'Family Premium' not being included in their housing benefit calculation because of a change in the law in September 2016
3. for 'Benefit Cap' legislation where the amount of a person's benefit cap is increased but their Welfare Supplementary Payment remains the same

Housing Executive and housing association tenants *can only be considered* for a Discretionary Housing Payment because of 'Family Premium' or 'Benefit Cap'.

You **cannot**, for example, qualify for Discretionary Housing Payment if your housing benefit has been reduced because of an increase in household earnings, a change in the number of people living in your household, a non-dependant has moved in or you are paying back an overpayment.

Please complete the following in *black ink* and use *capital letters*:

About You:														
Surname:														
First Name:														
Address: include any flat number														
Postcode:														
Contact Numbers:	Tel:											Mobile:		
Email:														
Date of birth								N.I. Number:						

Child / Young Person:	
Are you responsible for a child or young person for whom you still receive payments of Child Tax Credit or Child Benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Your Income and Savings:	
If you or your partner (if any) currently have savings please confirm the total amount (we may ask you for proof of this)	£
If you or your partner (if any) receive DLA, Personal Independence Payments or Attendance Allowance, Armed Forces Independence Payment please tell us how much in total this is	£

Medical or special circumstances:

Please tell us about any medical / special circumstances that affect your need to live at this address (family support received or provided, access to hospitals or medical facility for you or a family member etc)

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About Your Landlord:

Your landlord / letting agent's name	
Your landlord / letting agent's telephone no	
Your landlord / letting agent's email	

Only complete this section if you pay rent to a private landlord / letting agent

Please do not complete this section if you are a Housing Executive or housing association tenant and you do not live in a hostel or in supported accommodation:

How much rent is charged by your landlord?	£	
How often does this amount have to be paid?	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>
	Fortnightly <input type="checkbox"/>	Daily <input type="checkbox"/>
After your housing benefit award is made, how much do you still have to pay each week towards your rent?	£	
If your Housing Benefit does not cover your rent charge have you asked your landlord if they would consider a reduced payment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you at risk of eviction because of rent arrears?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Could you move to cheaper accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How long have you lived at this address?	Years	Months

Personal Data:

The Housing Executive protects your personal information in accordance with General Data Protection Regulation and Data Protection Act 2018. You have a right to know how we collect and use your personal information. These details can be found in our Privacy Notice which is on our website www.nihe.gov.uk/privacy_notice. We can post or email a copy to you.

Declaration:

I declare that the information I have given on this form is correct and complete to the best of my knowledge.

I understand that action may be taken against me if:

- this information is found to be incorrect or incomplete; or
- if I fail to report any changes in my circumstances which may affect any award of Discretionary Housing Payment that I may receive.

Signature: _____ Date: _____

Further Information / Independent Advice

- *Housing Executive:* 03448 920 902 | Textphone* 18001 03448 920 902
- *Advice NI:* (money/debt) 0800 028 1881 | (benefits/tax) 0800 988 2377
- *Housing Rights Service:* 028 9024 5640
- *Law Centre NI:* 028 9024 4401
- *Welfare Changes Helpline:* 0808 802 0020

When completed, please return this form to the Housing Benefit office for your area:

<i>Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Larne, Newtownabbey, Moyle</i>	<i>Derry/Londonderry, Limavady, Magherafelt, Strabane</i>
Twickenham House Mount Street, BALLYMENA BT43 6BP E: Northeast.housingbenefit@nihe.gov.uk	Richmond Chambers The Diamond LONDONDERRY BT48 6QP E: Westarea.housingbenefit@nihe.gov.uk
<i>Armagh, Banbridge, Craigavon, Newry & Mourne</i>	<i>Belfast</i>
Marlborough House Central Way CRAIGAVON BT64 1AJ E: Southarea.hb@nihe.gov.uk	Housing Centre – 4 th Floor Adelaide Street Belfast BT2 8PB E: Belfasthb@nihe.gov.uk
<i>Ards, Bangor, Castlereagh, Downpatrick, Lisburn</i>	<i>Cookstown, Dungannon, Fermanagh, Omagh</i>
Strangford House 28 Court Street NEWTOWNARDS BT23 7NX E: Southeast.housingbenefit@nihe.gov.uk	MacAllister House Woodside Avenue OMAGH BT79 7BP E: Omagh.housingbenefit@nihe.gov.uk