## **Universal Credit**

Discretionary Housing Payment Application Form



This form should *only be completed* if you have applied for Universal Credit. It will be considered once you have received your *first payment* of Universal Credit which must include a housing cost element.

A **Universal Credit Discretionary Housing Payment** can only be considered if you are renting from a **private landlord** and there is a shortfall between your actual rent charge and the eligible rent used in the calculation of your Universal Credit.

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

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

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

<b>About You</b>	:												
Surname													
First Name													
Address					_		1						
					P	OSTCO	ode:						
Date of birth							N.I.	Number					
Your Tel No.			Но	me:					Mol	oile			
Your email add	dres	s:											

About Your Landlord:	
Your landlord or their agent's name	
Your landlord or their agent's telephone number	
Your landlord or their agent's email address	

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, Person Attendance Allowance, Armed Forces Independent 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)											
Rent details:											
If your Universal Credit does not cover your rent asked your landlord if they would consider a red			Yes		No						
asked your failuloid if they would consider a red	исси рауппо	) i i i :									
			.,								
Are you at risk of eviction because of rent arrear	rs?		Yes	Ц	No						
Could you move to cheaper accommodation?		Yes		No							
How long have you lived at this address?		Months									
Declaration											
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.											
I agree to report any changes in my circumstances that will affect my award of Universal Credit Discretionary Housing Payment, namely:  • if I change address  • if there is a decrease in my rent charges  • if I stop receiving the housing cost element in my Universal Credit award											
Signature:	_ Date:										

## **Further Information / Independent Advice**

- Housing Executive: 03448 920 902 | Textphone 18001 03448 920 902
- Welfare Changes Helpline (Freephone): 0808 802 0020
- Advice NI: 0800 028 1887 | Housing Rights Service: 028 9024 5640 | Law Centre NI 028 9024 4401