

DISCRETIONARY HOUSING PAYMENT APPLICATION FORM FOR PRIVATE TENANTS

NAME:	·	
ADDRES	ESS:	
BENEFI'	IT REF:	
Previou	us Address:	
Housing Propert Please s	specify	
-	er Week: n for Moving:	
	-	
1	Did you have a Pre-Tenancy Determination? YES/NO If YES why did you move in?	
	If NO why not?	
2	Have you tried to negotiate a lower rent with your landlord? YES/NO If YES what was the outcome? (Can you provide evidence to substantiate this)	
	If NO why not?	
3	Have you considered/tried moving to cheaper alternative accommodation? YES/NO If YES what have you done? (Can you provide evidence to substantiate this)	

4	Could you live with relatives/friends? YES/NO	
	Have they got the room/available accommodation?	
	YES/NO	
5	How much notice are you required to give when vacating the property?	
	(Can you provide evidence to substantiate this)	
6	Are there any non-dependants in the house? YES/NO	
	How much do they contribute towards Housing/Council Tax per week?	
7	What disabilities or health problems do you or any member of your family have?	
	(Can you provide evidence to substantiate this)	
8	Are you on a Council or Housing Association waiting list? YES/NO	
	Have you been offered any properties? YES/NO	
9	Have you any former rent arrears?	
10	Is there a risk of you becoming homeless if a	
	payment is not made? If YES what are the consequences:	
	(Can you provide evidence to substantiate this)	
	If NO, specify why	
11	Is there anything else you think we should know about in support of your application?	
Claima	nt's Signature:	Date:
I		

What do you pay out per week? We may ask you to provide proof

£

	s from Income Support/Job Seekers	
Allowance	e/ESA/ESA (IR)	
	YES/NO	
(If YES, tell us what for/how much/when are payments due to cease)		
1. Rer	nt (if applicable)	
2. Cou	uncil Tax (if applicable)	
3. Wa	ater Rates	
4. Gas	S	
5. Ele	ctric	
6. Oth	ner fuels	
7. Foo	od/Housekeeping	
8. Tel	ephone	
9. Clo	thing	
10. Tel	evision Licence	
11. Tel	evision	
12. Tra	velling Expenses (to work or hospital)	
13. Ins	urances	
14. Fin	es (when is this/are they due to end)	
	unty Court Orders (when is this/are they due end)	
- ar	a/Credit Cards/Overdraft mounts of repayment ate(s) due to cease	
17. Cat	talogue/Store Cards	
18. Chi	ild Care Costs eg. Nursery/childminder	
19. Cal	ble/Sky TV	
20. Ma	nintenance/CSA	
21. Pre	escription Charges	

23. Dental Charges					
24. Other					
Total					
Claimant:					
Date:					
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