

Discretionary Housing Payments – Application Form

Please fill in this form using black ink and use BLOCK CAPITALS, as soon as possible after your enrolment as a full-time student, then return it to:

Revenues & Benefits Service, Thanet District Council,
PO Box 9, Cecil Street, Margate, Kent CT9 1XZ



Claimant's name:

Claim No.

Address:

Phone number:

Best time to contact:

What are your reasons for applying for Discretionary Housing Payments?

About your household

Please fill in below who lives with you, even if they don't contribute to the household? For example grown up son or daughter, friend or lodger?

Their full name	Date of birth	Male or female?	Relationship to you or your partner	If working, put working and how many hours each week, or list what benefits they receive	Date they moved in
<i>Example: Peter Smith</i>	<i>01/09/69</i>	<i>Male</i>	<i>Son</i>	<i>Working 30 hours</i>	<i>01/01/02</i>

If anyone in your household is ill or disabled, please give full details:

If your household has any special needs, please give full details:

If your household has any special dietary needs, please give full details:

If there are any other circumstances that have increased household expenditure, please give full details:

Other expenses (please give full details)	Amount per week
Petrol/diesel	£
Travel	£
TV Licence	£
Clothes	£
Insurance: home	£
Insurance: car	£
Insurance: life	£
Prescription costs	£
Toiletries	£
	£
	£
	£
	£

Please give details of all loans and debts that are currently outstanding, including total amount outstanding and repayments that are currently due.

Loans and debts (please give full details)	Amount outstanding/owed	Payments per week
Type of loan or debt (for example store card, catalogue)		
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
What steps have been taken to reduce the amounts owed?		

Declaration

Please read this declaration carefully.

1. This is my application for Discretionary Housing Payments.
2. I declare that the information I have given is correct.
3. I understand that if I give information that is false, I may be prosecuted.
4. I understand that if I supply, or allow to be supplied, any documents that I know to be false, I may be prosecuted.
5. I live at the address given on the form.
6. I must tell the Benefit Service quickly in writing about any changes.

Signatures

I have read and understand the declaration.

Your signature

Date

Your partner's signature

Date

**The section below must be filled in if someone has filled in the application form for you.
This includes an agent, appointee, relative or friend.**

I have filled in this form on behalf of

as they cannot fill in the form because

I am (name in BLOCK CAPITALS)

Relationship to person applying

**I have read each question and recorded the answers given.
As far as I know they are true and complete.**

Your signature

Date

**Remember, unless you are the appointee or have Power of Attorney,
the person applying must also sign this form.**