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Jan 13

## Application for Discretionary Payment

Use this application form to apply for a discretionary payment of Housing Benefit or for a discretionary discount on your Council Tax charge

Are you claiming for:

Help with your rent

☐ Please fill in Part 1, Part 2, Part 4 and Part 5

Help with your Council Tax

☐ Please fill in Part 1, Part 3, Part 4 and Part 5

Help with your rent and Council Tax

☐ Please fill in all parts of this form

### Part 1 Your details

Title

Last Name

First Names

Address

  

Postcode

National Insurance Number

Date of birth

Telephone no

Email address

Tick this box if you are happy for us to use text messaging ? ☐

If you have a representative helping you with this claim, such as an advice worker please give their name and address and contact telephone number

Name

Address

  

Postcode

Telephone No.

## Part 2 Discretionary Housing Payments

When did you move to this address?

/ /

Could you afford the rent when you first moved in?

Yes

☐

No

☐

Why did you leave your previous address?

Did you check what Housing Benefit you would get before you moved into this property?

Yes

☐

No

☐

If no, why not?

If yes, why did you take the tenancy?

How many bedrooms are in the property?

Do you or any members of your household have any health problems or disabilities which affect your housing needs?

Yes

☐

No

☐

If yes give details

Has the property been adapted in any way to suit the needs of a family member?

Yes

☐

No

☐

If Yes, please give details

## Part 2 Discretionary Housing Payments - continued

**Are you or your partner a foster carer in between placements?**

Yes ☐ No ☐

If Yes please give details

**Do you or any member of your family need to live near a particular nursery, other childcare, school, hospital or other service?**

Yes ☐ No ☐

If Yes please give details

**Do you or a member of your family have mobility problems which mean you need easy access to public transport or shops etc?**

Yes ☐ No ☐

If Yes please give details

**Have you looked for cheaper accommodation?**

Yes ☐ No ☐

If Yes please give details

**Please tell us how the area you live in is suitable for you and/or your family.**

## Part 2 Discretionary Housing Payments - continued

Is there anyone else in your family or household who can help you pay your rent? Yes ☐ No ☐

Please tell us about any recent or future changes affecting you (or a member of your family) that we should take into account (for example moving, starting/stopping work, a change in your household, bereavement, relationship breakdown).

Please give details

Do you have any rent arrears at this property? Yes ☐ No ☐

If Yes How much and please send a copy of any evidence of this.

£

If No Give details of how you have been meeting your full rent costs up to now

Has your landlord taken any action against you to recover any arrears? Yes ☐ No ☐ If Yes Please send a copy of any letters sent to you about this

Have you asked your landlord if he/she will accept less rent from you? Yes ☐ No ☐

Are you on any re-housing lists? Yes ☐ No ☐ If Yes Please say who with and give a reference number

Have you applied to any other organisations for help? Yes ☐ No ☐ If Yes Please give details



## Part 4 Income and expenses - continued

Please give details of money held in **Banks or Building Societies** (including current accounts) or any other savings

[illegible]

**Debts** – please list any outstanding debts including rent, council tax, fuel, utilities, loans and credit cards

[illegible]

**Expenditure** – please list all expenditure including food bills, regular weekly/monthly payments for things like clothing, school meals, travel to work/school, TV licence and rental, court fines, payments for debts, special diet, regular bills such as water rates, rent/mortgage payments, council tax, gas and electricity, child care costs, telephone, catalogues etc (this is not a complete list)

[illegible]

**Extra information** – please use this space to tell us anything else that you feel may be relevant to your request

## Part 5 Declaration

**Even if someone else has filled in this form for you, you must sign this declaration if you can.**

Please read this declaration carefully before you sign and date it.

- I **declare** that the information I have given on this form is correct and complete.
- I **agree** that you will use the information I have provided to process my application for a Discretionary Payment. You may check some of the information with other sources as allowed by the law.
- I **understand** that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies like banks and other organisations that may lend me money, if the law allows this.
- I **know** that I must let the Benefits and Council Tax Team know in writing about any change in my circumstances which might affect my claim.

Your signature

Date

/ /

If any part of this form has been filled in by someone other than the person claiming  
Please tell us why you are filling in this form for the person claiming

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct

Name of the person who  
filled in the form

Signature of the person

Relationship to the  
Person claiming

Date

/ /



## Equality Monitoring Form

We want to make sure that our services are provided fairly and to those who need them. The information collected helps us to get a picture of who contacts us, uses or does not access our services and will help us improve what we provide and reduce potential barriers to access.

Please answer the questions below by ticking the boxes that you feel most describe you.

You are not obliged to answer all questions but the more information you supply the more effective our monitoring will be.

The information you supply will be strictly confidential and is not used in connection with your claim.

1. Are You: Male ☐ Female ☐ Transgender ☐
2. Age: under 16 ☐ 16-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐  
60-69 ☐ 70-79 ☐ 80+ ☐

3. Do you have a disability that limits your activities in any way? Yes ☐ No ☐  
If Yes, please select below which applies to you:
- Sensory disability ☐ Physical Disability ☐ Learning Disability ☐ Mental Health ☐  
Long-term Illness ☐

4. Which of these groups do you consider you belong to?

White	Asian or Asian British	Mixed	Black or Black British	Chinese or other ethnic group
British <input type="checkbox"/>	Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White & Black African <input type="checkbox"/>	African <input type="checkbox"/>	Other <input type="checkbox"/>
Other White <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Other <input type="checkbox"/>	
	Other Asian <input type="checkbox"/>	Other Mixed <input type="checkbox"/>		

Do you consider yourself to be: Roma ☐ Gypsy ☐ Traveller ☐

6. What are your religious beliefs?

Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐  
Sikh ☐ No Religion ☐ Other ☐ Please specify

7. What is your sexual orientation?

Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐

8. Employment Status

Employed ☐ Unemployed ☐ Retired ☐ Student ☐

If employed please indicate

Full Time ☐ Part Time ☐ Self Employed ☐

9. Marital Status

Single ☐ Widowed ☐ Married ☐ Co-habiting ☐  
Separated ☐ In a civil partnership ☐ Divorced ☐

10. How many children under 16 live in your household?