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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

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?