

Crisis and Resilience Fund - Housing Payment (Housing Payment)



Funded by
UK Government

CUSTOMER FIRST



First Name:	Surname:
Address:	
Postcode:	Date of Birth:
NINO:	Email:
Telephone:	

<i>Claim Ref:</i>
<i>Issuing Officer:</i>
<i>Issue Date:</i>

Purpose of Housing Payment	Please tick which you wish to apply for.
Deposit/Rent in Advance	
Rent Arrears	
On-going help with rent top up	

Household details - Please list all people who live with you

Name	Relationship	Date of Birth	NINO	Income

Are you expecting a change to your household in the next 6 months? If so – Please provide details	
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Property/Tenancy details – You will need to supply your latest tenancy and rent increase letter (if applicable)

Type of room	Number of each room in your property
Bedroom	
Living Room	
Kitchen	
Bathroom	
Separate Toilet	
Other (please specify)	

When did you move into this property?	
When does your tenancy end?	
Have you recently renewed your tenancy?	
Do you have a guarantor?	
Has your landlord taken out insurance to cover non-payment of rent? Please provide a letter from your landlord confirming this.	
Have you asked your landlord to reduce the rent?	

Yes – What was the outcome? No- Contact your landlord and ask if the rent may be reduced	
What steps have you taken to find more affordable accommodation?	
Have disabled adaptations been made to this property? Is so, please detail.	
Would you move to more affordable accommodation if available? If No – What is preventing you from moving?	
Are there disabled adaptations to this property? Is so please detail	

Arrears Details – You will need to supply a rent statement showing how these have accrued

Are you in rent Arrears? Yes – How much and what period do these cover? Please supply evidence No – How are you managing to meet your rent top up?	
Have you been issued with a Section 8 or Section 21 eviction notice? Yes - Please contact Housing Options or Housing Advice for help. No – What steps is the landlord taking.	
Have you spoken to your landlord, to arrange a payment plan? Yes – What is the agreed monthly payment? What payments have you made? No – Please contact your landlord to arrange this.	
Were you able to afford the rent when you moved in? Yes - How did you manage this? No – Why did you take this property?	

Have you taken housing/arrears advice? Please give details of who you saw and what they advised	Y/N	
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Financial Statement

Debts	Total outstanding	Repayment	Frequency
Rent Arrears			
Service Charge Arrears			
Council Tax Arrears			
County Court Judgements			
Magistrate Fines			
Benefit Overpayments and Loans			
Utility Arrears (Gas, Electricity, Water)			
Child Maintenance Arrears			
Hire Purchase Agreements			
Telephone Arrears			
Catalogue and Store Cards			
Overdrafts and Bank Loans			
Payday Loans			
Borrowings from Friends or Family			
Credit Card			
Credit Card			
Credit Card			
Other Debt (Please specify)			
Other Debt (Please specify)			
Other Debt (Please specify)			
Total Debts			Weekly

Have you sought advice from a regulated debt adviser? Please give details of who you saw and what they advised	Y/N	
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Any other information you wish to supply about your debts.

Expenses - You may be required to supply proof of these	Amount £	Frequency
Rent		
Council Tax (current year)		
Electricity		
Gas		
Water/Sewerage		
If the above are included in your rent specify how much		
Food and Housekeeping		
Clothing including Nappies		
Prescription/Health Costs		
Dentist/Optician Costs		
Insurance – life		
Insurance – contents		
Car Costs (fuel, insurance, tax, repairs etc)		
Travel Fares		
Mobile Phone		
Landline and Internet		
Satellite/Television subscriptions		
Television Licence		
Child Care Costs		
School Meals and School Trips		
Child Support Payments		
Pet costs (food, vet fees, insurance)		
Cigarettes, Tobacco or Vapour costs		
Leisure, Sports, Clubs, Hobbies, Newspapers/magazines		
Pocket Money and Charitable contributions		
Special Occasions (Christmas, birthdays etc)		
Total Debts (listed above)		weekly
Other Expenses (Please Specify)		
Other Expenses (Please Specify)		
Other Expenses (Please Specify)		
Total Expenses		Weekly
Have you taken any steps to reduce your expenses? Please give details	Y/N	
How are you currently managing to meet living costs?		
Any other information you wish to supply about your expenses. (e.g. why you might have a particularly high expense)		

Income – You will need to supply proof of how your Universal Credit award has been worked out and proof of all income you receive.

Type	Amount £	Frequency
Housing Benefit		
Universal Credit Housing Costs		
Universal Credit Payment		
Income Support/Jobseekers Allowance/Employment and Support Allowance/Pension Credits		
Earned Income		
Earned Income (partner)		
Tax Credits		
Maintenance/Child Support		
PIP living/DLA care		
PIP mobility/DLA mobility		
Child Benefit		
State Pension		
State Pension (partner)		
Occupational/Private Pension		
Occupational/Private Pension (partner)		
Non-Dependent/Family Contribution		
Money Owed from Friends and/or Family		
Other Income (please specify)		
Other Income (please specify)		
Other Income (please specify)		
Other Income (please specify)		
Total Income		Weekly

Please list all capital you and your partner (if applicable) hold. This should include post office, bank, building society accounts as well as any other capital such as property, shares, trusts and savings bonds

Account/ Capital Details	Balance

Further information

Any further information you would like to give to support your application (such as disabilities or health conditions). Please continue on a separate sheet if required

Payment details

Name of bank/building society	
Account Holder's Name	
Sort Code	
Account Number	

You and your partner (if applicable) must read this carefully before you (both) sign.

- The information I/we have given on this form is correct and complete.
- I/we give permission for you to check the information I/we have given with any sections of the council, the Valuation Office Agency, other councils and benefit authorities.
- I/we understand that I/we must inform the Customer First, in writing, about any changes in my/our circumstances that may affect Housing Benefit or Discretionary Housing Payments.
- I/we understand that Customer First may use the information I/we have given on this form to detect and prevent fraud, including sharing this information with other organisations and Government Departments
- I/we understand that I/we may be prosecuted if I/we give information that is not correct or complete or if I/we do not report any changes of circumstances, which might affect my benefit or Discretionary Housing Payment award.
- I/we agree to repay any Discretionary Housing Payments that we should not have received.
- I/we will supply any evidence requested to support the information I/we have given in this form, within one month of asking.

I/we have read and understood this declaration.

	Name Printed	Signature	Date
Yours			
Your Partner's			

If your partner is unable to sign, please confirm why?	
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If this form has been complete by someone other than the person claiming, please complete the following sections

Name of the person completing the form. Please print	
Relationship to the person claiming.	
Why is the applicant unable to complete this form?	
Signature	Date

