



**Your application for :
Discretionary Housing Payments (help with your rent), and/or
Discretionary Hardship Fund (help with your council tax)**

Your name:

Your address:

Your Benefit Reference (if known):

Telephone (home):

Telephone (mobile):

email:

Section 1: Income

Income Type	You		Your Partner		Other Adults in Household	
	Amount	Frequency i.e. W eekly, M onthly, 4w eekly etc.	Amount	Frequency i.e. W eekly, M onthly, 4w eekly etc.	Amount	Frequency i.e. W eekly, M onthly, 4w eekly etc.
Net earnings from employment						
Name & Address of employer or 'Self Employed'						
Universal Credit						
Working Tax Credit						
Child Tax Credit						
Pension Credit						
Income Support						
Jobseekers Allowance						
Employment & Support Allowance						
Child Benefit						
Personal Independence Payment / DLA						
Carers Allowance						
Statutory Maternity Pay						
Statutory Sick Pay						
State Pension						
Any Other Benefit/Allowance/Credit etc.						

<i>(please specify)</i>						
Other Pensions (e.g. work or private)						
Child Maintenance						
Money from Friends/Relatives						
Money from non-dependants, lodgers, boarders or sub-tenants						
Any other Income <i>(please specify)</i>						

Section 2: Expenditure

PRIORITY EXPENSES	Amount	Frequency (e.g. weekly/monthly)	Are you in arrears?	
			Arrears amount	Arrears arrangement
RENT/ MORTGAGE				
COUNCIL TAX				
ELECTRICITY				
GAS				
WATER				

OTHER EXPENSES	Amount	Frequency (e.g. weekly/monthly)	Details
Vehicle - Road Tax			Make/Model: Registration:
Vehicle - Insurance			
Vehicle - Fuel			
Public Transport			
Telephone - landline(s)			
Telephone - mobile(s)			
Insurance – Home/ Life/ Other			
Shopping – Groceries, toiletries etc.			
Clothing			
Regular Medical costs <i>(e.g. prescriptions, dental, Optician etc.)</i>			
TV Licence			
Other TV (i.e. Satellite / Cable)			
Broadband / Internet Fees			
Cigarettes / Tobacco			
Alcohol			
Entertainment & Leisure			

Personal/Other Costs (e.g. haircuts, treatments, therapies etc.)			
Child Care Costs			
Maintenance / CSA payments			
Magazine / Professional Subscription			
School costs (e.g. meals, clubs, trips etc.)			
Other (please name) _____			

**ALL OTHER DEBTS for yourself and your partner.
(e.g. Loans, Fines, Credit Cards, HP, Catalogues etc.)**

Name of Creditor	Balance Owing	Repayment arrangement
TOTAL DEBTS OWED	£	
TOTAL MONTHLY REPAYMENT		£

Are you receiving help with your finances? Yes / No

Name of the organisation helping you:

Section 3: Capital (e.g. savings, etc.)

	YOU	YOUR PARTNER
ALL Bank Accounts		
ALL Building Society & Savings Accounts		
All Other Money in Accounts		
All Other Capital (e.g. ISAs, etc.)		
Other Property (UK or Abroad) Value		
Other (please specify)		
TOTAL AMOUNT OF CAPITAL	£	£

Section 4: About where you live

Do you own your home?	Yes (outright) <input type="checkbox"/>	Yes (mortgaged) <input type="checkbox"/>	No (rented) <input type="checkbox"/>
If mortgaged:	How much is outstanding? £	What is its current value? £	When was this taken out?

	Bedrooms	Kitchens	Bathrooms/toilets	Other rooms (please specify)						
Number of:										
<p>Are any of these rooms used by a person who stays regularly overnight to provide care? Yes / No</p> <p>Are any of these rooms normally used by a person who is temporarily absent? Yes / No</p>										
<p>Has your home been adapted to meet the medical needs of a member of your household? Yes / No</p> <p>If yes, please provide details on a separate piece of paper.</p>										
<p>Who else lives in your home?:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Date of birth</th> <th>Their relationship to you/your partner (e.g. lodger, aunt etc.)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Date of birth	Their relationship to you/your partner (e.g. lodger, aunt etc.)			
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Section 5: Reasons for your application

Please provide detailed reasons why you are applying. This should include the circumstances that created your financial difficulty and how long you expect these circumstances to continue.

(continue on a separate page if necessary)

Section 6: Declaration

In order for any application to be considered, this form must be returned with the following documents:

- If in paid employment, payslips covering the last two months
- Proof of all other income
- Proof of expenditure (including regular grocery shopping)
- Proof of all debts and their balance
- Proof of items declared in Section 3 (e.g. statements, ownership deeds, etc.)

Failure to provide the necessary information and supporting documentation will result in an unsuccessful application.

Declaration

I/We* declare that the information is a true statement of my/our current financial situation.

**(delete as applicable)*

Signed (You)

Signed (Your partner)

Date

HOW WE COLLECT AND USE INFORMATION

The information you provide will be used to assess your application for Discretionary assistance. If you owe debts to other council departments we may pass information on to them to assist them in assessing how much you can afford to repay them as well. The council is registered under the Data Protection Act 1998 for this purpose.

Epsom & Ewell council is under a duty to protect the public funds it administers. We may check information that you provide, or information provided by a third party, with other information we hold, to check accuracy of information; to prevent or detect crime; and to protect public funds in other ways, as permitted by law. We may share this information with other council departments or bodies administering public funds for these purposes. We may also use this information to put you in touch with council services that may be able to help you. We will not disclose information about you to anyone unless the law permits us to.

Equal Opportunities Monitoring Form

This information is confidential. We use it to help us with our equal opportunities policies and to improve services by gathering information for the 9 protected characteristics (gender, ethnicity, disability, religion or belief, sexual orientation, age, gender reassignment, marriage or civil partnership, pregnancy and maternity).

If you do not want to respond to any or all of the questions, please leave blank or tick 'prefer not to say'.

Please answer the following questions by ticking the appropriate box

1 Do you believe you have a disability according to the Act?

The Equality Act 2010 states that "a person has a disability for the purposes of the Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day-to-day activities."

No

Yes

If yes, please give brief details of the effect or impact of your disability or health condition

2 Do you identify yourself as a

Man

Woman

Other

Prefer not to say

3 Is your gender identity different from the sex you were assigned at birth?

No

Yes

4 Which of the following describes your marital status?

Single

Married/Civil Partnership

Widowed

Divorced

Separated

Prefer not to say

5 Ethnic Group

British White

English White

Irish White

Scottish White

Welsh White

Any other white background (please write below)

<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African
<input type="checkbox"/> White and Asian	
Any other mixed background (please write)	
<input type="checkbox"/> Indian	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Pakistani	
Any other Asian background (please write)	
<input type="checkbox"/> Black or black British Caribbean	<input type="checkbox"/> Black or black British African
Any other Black background (please write)	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Prefer not to say
Any other ethnic group (please write)	
6 Religion or Belief	
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Muslim
<input type="checkbox"/> Christian	<input type="checkbox"/> Sikh
<input type="checkbox"/> Hindu	<input type="checkbox"/> No religion
<input type="checkbox"/> Jewish	<input type="checkbox"/> Prefer not to say
Any other religion or belief (please write)	
7 Sexual Orientation	
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay man
<input type="checkbox"/> Gay woman/lesbian	<input type="checkbox"/> Heterosexual / straight
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other
8 Have you been pregnant and/or on maternity leave in the past two years?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Prefer not to say	

General information:

After receiving this form you may be asked to attend an interview at the Town Hall where we can examine your circumstances in more detail.

Each claim is looked at on its own merits, with particular regard given to any exceptional circumstances you are experiencing, your income and outgoings, and the limited fund available from which awards are made.

We will notify you in writing, explaining our decision about your claim.

Where an award is made you must tell the Benefit Section immediately of any changes that might affect our decision.

If you disagree with a decision we have made you can ask us to look at it again.

If an overpayment occurs you will be asked to repay it.

Our policies provide more detail and should be viewed on our website.

The Discretionary Hardship Fund

The Epsom and Ewell Borough Council Discretionary Hardship Fund (DHF) provides assistance with meeting your Council Tax.

DHF can only be granted where Council Tax Support (CTS) is awarded at a reduced rate because:

- Your CTS entitlement has been calculated on a reduced liability because of the Minimum Payment feature within our scheme
- Our CTS scheme for Working Age residents does not include an equivalent of the Second Adult Rebate available to those of pension age
- You are excluded from entitlement to CTS due to the capital cut-off limit of £10,000
- Backdating of your CTS has been limited to 3 months maximum as opposed to a 6 month maximum

Awards of DHF are intended to provide short-term help to alleviate financial hardship which residents may encounter, thus supporting the support residents towards a position where they so they can meet their council tax liability without further reliance upon the DHF.

If an award is made, the payment will show on your Council Tax account as a reduction in the amount you have to pay.

Discretionary Housing Payments

These help with your housing costs (e.g. your rent, rent deposits, etc.).

You must be in receipt of Housing Benefit or Universal Credit to be able to claim.

Awards are intended to provide short-term help to alleviate financial hardship and support you towards a position where you can meet your rental obligations without further reliance upon Discretionary Housing Payments.