|  |  |  |  |
| --- | --- | --- | --- |
| **Your full name(s)** |  | **Date of birth** |  |
| **NI number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your full address** |  | | |
| **Contact number** |  | **Email** |  |

**Do you have a partner who lives with you?** yes / no *If so, please provide details.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Their full name(s)** |  | **Date of birth** |  |
| **NI number** |  |

**Do you have children who live with you?** yes / no *If so, please provide details.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date of birth** |  |
| **Name** |  | **Date of birth** |  |
| **Name** |  | **Date of birth** |  |
| **Name** |  | **Date of birth** |  |
| **Name** |  | **Date of birth** |  |

|  |  |  |
| --- | --- | --- |
| **Is anyone in the household disabled?** |  | **Do you have a support worker/social worker?** |
| *If yes, please give brief details*. |  | *If yes, please provide their name(s), organisation or relationship and contact details***.** |

**What can we help you with?**

|  |
| --- |
| *Please explain what you need. If requesting multiple items/types of help, please provide your order of preference.* |

**Why do you need this help now?**

|  |
| --- |
| *What has happened, or will happen?* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What do you receive? How much and how often?** *Please detail all household income – wages, type of benefit, pension, allowances, maintenance, etc* | | |  | **Bank/building society accounts you (and your partner) have.** *Please detail all accounts, including any overdrawn or rarely used.* | |
| **Type of income** | **How often** | **How much** |  | **Name/type of account** | **Balance** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Please note you will need to provide recent bank statements for all accounts held, covering two months of transactions.**

**What are you paying for? How much and how often?**

|  |  |  |
| --- | --- | --- |
| **Expense** | **How often** | **How much** |
| Mortgage / Rent |  |  |
| Service charges |  |  |
| Council Tax |  |  |
| Insurance – home/contents |  |  |
| Insurance – life |  |  |
| Water rates |  |  |
| Electricity |  |  |
| Gas/oil |  |  |
| Landline telephone / mobile telephone |  |  |
| Internet/broadband |  |  |
| Sky/cable/streaming/other TV |  |  |
| TV licence |  |  |
| Cigarettes/tobacco/nicotine |  |  |
| Alcohol |  |  |
| Food/household items |  |  |
| Car costs (insurance/tax/repairs) |  |  |
| Fuel/travel |  |  |
| Clothing |  |  |
| Medication |  |  |
| Loan/credit card/catalogue |  |  |
| Fines |  |  |
| Other – please provide details |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you had any other financial assistance before?** |  | **Do you have any debts or arrears?** *Who is this owed to, and how much remains to pay?* | |
| *If you’ve applied to other organisations/charities for help, please provide details.* | **Type of debt or arrears** | **Amount outstanding** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*Please ignore this page if you are not applying for help with rent payments/arrears*

**Discretionary Housing Payment applications**

**You must provide the following original documents to support your application –**

* Evidence of your current rent, and a rent statement showing any rent arrears
* Your tenancy agreement

*If your tenancy is at risk and you have not already done so, please speak with Housing Advice as a matter of urgency. 01225 396296* [*housing@bathnes.gov.uk*](mailto:housing@bathnes.gov.uk)

* Copies of any letters from your landlord regarding arrears
* Bank statements for all accounts, covering the last two months (even if overdrawn or rarely used)
* Proof of debt, if applicable
* Medical evidence, if relevant

*Do not delay making your application if documents are not currently available - these should be provided separately as soon as possible.*

**Failure to provide necessary evidence may result in your application being refused.**

|  |  |
| --- | --- |
| **When did you take on your tenancy?** |  |
| **Were you able to afford this at the time? If no, why did you take it?** |  |
| **Have you discussed the problem with your landlord?** |  |
| **Have you sought advice from BANES Housing Options department?** |  |
| **Is your Housing Benefit or Universal Credit Housing Element paid to landlord?** |  |

|  |  |  |
| --- | --- | --- |
| **Do we have your permission to discuss this matter with your landlord?** | | yes / no |
| **If no, why?** |  | |
| **If yes, please provide contact details and/or name of account manager:** | | |
|  | | |

**If applying for help with rent arrears**

|  |  |  |
| --- | --- | --- |
| **Why did these start?** |  | |
| **When did these first become a problem?** | |  |
| **What period do they cover?** | |  |
| **Have you made a repayment arrangement?** | |  |
| **If yes, please provide details. If not, why?** | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pay to Landlord** | yes / no | **Pay to tenant** | yes / no | **Sort code** |  |
| **Account number** |  | | **Account name** |  | |

**Declaration**

**I wish to apply for Welfare Support and/or a Discretionary Housing Payment.**

**I declare** that the information I have given on this form is correct and complete.

**I understand** that if I knowingly give information that is incorrect or incomplete, you may take action against me, and I understand I could be prosecuted.

**I agree** that you will use the information I have provided to process my application. You may cross check the information with other sources within the council, rent offices and other councils. Data held may be used in comparison for the purposes of prevention and detection of fraud.

**I understand** that this authority is under a duty to protect the public funds it administers, and to this end agree that they may use the information I have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes, if the law allows this.

**I understand** that if payment is paid direct to my landlord and a dispute arises over the amount paid, that you may have to disclose all the details of my claim and subsequent correspondence to my landlord, their representative and a court or an appeal tribunal.

<http://www.bathnes.gov.uk/services/your-council-and-democracy/data-protection-and-freedom-information>

<http://www.bathnes.gov.uk/services/business/licences/national-fraud-initiative>

**I understand I must notify Bath and North East Somerset Council of any changes to my/our household or finances as they happen.**

Claimant signature: Date:

Full name (print in capitals):

Partner signature: Date:

Full name (print in capitals):

|  |
| --- |
| **If completed by third party**  *Whenever possible the customer should apply themselves, if this is not an option please provide the following details*  Signature: Date:  Full name (print in capitals):  Organisation / Relationship:  Contact details:  Reason(s) completed by third party: |
| **Landlords/Estate Agents**  *If applying for an arrears payment please confirm in writing if a successful DHP award will secure the current tenancy/allow intended move.* |

**Contacting us**

|  |
| --- |
| Telephone: 01225 477 777  Email: [Welfare\_Support@bathnes.gov.uk](mailto:Welfare_Support@bathnes.gov.uk)  Write to us: Welfare Support, Lewis House, Manvers Street, Bath, BA1 1JG  For full opening hours at all our locations please visit [www.bathnes.gov.uk/contact-us](http://www.bathnes.gov.uk/contact-us) |
|  |
| ***If your tenancy is at risk and you have not already done so, please speak with Housing Advice to discuss your situation as a matter of urgency – 01225 396296*** [***housing@bathnes.gov.uk***](mailto:housing@bathnes.gov.uk) |