## BATH AND NORTHEAST SOMERSET COUNCIL WELFARE SUPPORT AND DISCRETIONARY HOUSING PAYMENT APPLICATION

Your details					
Name					
Date of Birth					
National Insurance nur	mber (	NINO)			
Address					
Email Address					
Contact Telephone Nu	mber				
If you are moving		's vour no	w address?		
New address		Date of move		Reason for mo	
New address		Date of Hiove	<i>7</i>	Reason for move	
Dortner deteile					
Partner details Partner Name					
Date of Birth					
National Insurance Nu	mher i	(NINO)			
Tradional modianoc Tra	illoci	(ITIITO)			
Varmbarrashald (al	la !! al a			4 15	المحمد والمالية
Your household (cl	niiare	en or otner		t live v	vitn you)
Name			Date of Birth		

<b>Help you need</b> Please list the help that					
statement as evidence t	to support your	application	n before a	decision car	n be made.
You may be asked to pr	ovide other evid	dence as	requirea e.g	j., a rent sta	tement)
46.4					
Income that you pensions)	and your	partner	receive	(wages,	benefits
_	How often	partner		(wages,	benefits
pensions)		partner			benefits
pensions)		partner			benefits
pensions)		partner			benefits
pensions)		partner			benefits
pensions)		partner			benefits
pensions)		partner			benefits
pensions)		partner			benefits
pensions)		partner			benefits
pensions) Income		partner			benefits
pensions)		partner			benefits
Income  TOTAL	How often	partner			benefits
pensions) Income	How often	partner			benefits
Income  TOTAL	How often	Baland	Ho		benefits
TOTAL Capital and savings	How often		Ho		benefits
TOTAL  Capital and savings Capital	How often		Ho		benefits
TOTAL  Capital and savings Capital Bank/Building Society A	How often		Ho		benefits
TOTAL  Capital and savings Capital Bank/Building Society A Post Office Account	How often		Ho		benefits
TOTAL  Capital and savings Capital Bank/Building Society A Post Office Account Premium Bonds	How often		Ho		benefits

Life Assurance/Endowments

Tessas, PEPS or ISA's
Land or buildings other than your home

**Expenditure / Outgoings** 

Expense	How Often	How Much
Mortgage or rent		
Council Tax		
Water Rates		
Gas electric or oil		
Mobile phone		
Telephone landline		
Broadband/internet		
Home Insurance		
Television package		
TV Licence		
Food and Housekeeping		
Cigarettes/tobacco/nicotine		
Alcohol		
Travel costs (bus or Taxi)		
Petrol or diesel		
Car insurance		
Car tax		
Car maintenance		
Clothing		
Credit card payments		
Catalogue/store card		
Loan payments		
Fines		
After school clubs/childcare		
Pet insurance vet costs		
Pet food cost		
TOTAL		

**Arrears/other debts (include rent arrears)** 

Type of debt	Amount

## Do you need help with your claim?

We cannot discuss your claim with anyone but you unless you tell us who we can talk to.

If there is someone else, you would like us to discuss your claim with please tell us their full name and address

Name of person or organisation	
Address	
Email address	
Telephone number	

## **Declaration**

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

**I/we 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, other councils and Department for Work and Pensions/Jobcentre. Data held may be used in comparison for the purposes of prevention and detection of fraud.

I/we 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/we 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

I/we know, I/we must let the council know about any change in my/our circumstances which might affect my/our claim and confirm that I/we understand that the council may pursue the collection of overpaid amounts through external bodies.

I declare the information I/we have given on this form is correct and complete

Signature of applicant	
Date	

## Contacting us

Telephone: 01225 477 277

Email: Welfare\_Support@bathnes.gov.uk

Write to us: Welfare Support, Lewis House, Manvers Street, Bath, BA1 1JG