

**WEST LOTHIAN COUNCIL - REVENUES UNIT**  
**DISCRETIONARY HOUSING PAYMENT APPLICATION FORM**

A Discretionary Housing Payment (DHP) is intended to help towards eligible housing costs and is made entirely at the discretion of the Council. Whilst it is not a payment of benefit, a DHP can only be made if Housing Benefit (inc. Local Housing Allowance) is already in payment. Some things that may be included in your housing costs, e.g. heating, water, electricity etc. do not qualify for a DHP. Please refer to the notes overleaf when completing this form.

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**SECTION A – To be completed in all cases**

YOUR NAME: .....

YOUR ADDRESS: .....

.....

TELEPHONE / MOBILE NUMBER: .....

EMAIL ADDRESS: .....

DATE OF APPLICATION:                      dd / mm / yyyy

DATE I WOULD LIKE DHP TO BE CONSIDERED FROM:                      dd / mm / yyyy

If you would like us to consider backdating DHP please tell us why you did not apply earlier:

Are you applying for another DHP as your previous award has ended?                      YES / NO

If NO, please complete section B – NEW APPLICATION

If YES, please complete section C – REPEAT APPLICATION

**SECTION B – NEW APPLICATION**

Do you require the use of additional rooms in your property for any reason? Please tell us why:

Has your property been adapted for disabled needs?                      YES / NO

If YES please give details of the adaptations made to the property in the box below, then sign and return the form to us.

Do you have any medical requirements or health problems which make it unsuitable for you to move home? YES / NO

If yes please give details in the box below

Have you tried to find alternative affordable accommodation? YES / NO  
If YES please tell us what action you have taken

If you have already found alternative affordable accommodation and require assistance with your current rent until you move please confirm the date you expect to move and your new address:

DATE OF MOVE:      dd / mm / yyyy.

ADDRESS:      .....

.....

Do you have any friends or relatives who could help you pay your rent? YES / NO

Have you tried to agree a lower rent charge with your landlord? YES / NO

If YES please give details of what happened

If your landlord has agreed to reduce the rent charge please send us proof.

Have you taken any other steps to improve your financial situation so that you can meet the shortfall in your rent? YES / NO

If YES please give details of the steps you have taken

Please now complete sections D and E

## **SECTION C – REPEAT APPLICATION**

**Please tell us what steps you have taken including any advice or support you have received since your last application in order to improve your financial situation so that you can meet the shortfall in your rent:**

**Have your circumstances changed since your last application for DHP?      YES / NO**

**If YES please tell us what has changed:**

**Has your income or expenditure changed since your last application?      YES / NO**

**If YES please complete section D – INCOME AND EXPENDITURE**

**If NO please complete Section E and return the form to us.**



**ANYTHING OTHER INFORMATION**

Please use this section for any additional information you think may be relevant to your application.

**SECTION E – DECLARATION AND SIGNATURE**

Please read these statements carefully and sign the box below to show you have done so.

- This is my application for a Discretionary Housing Payment (DHP).
- The information is correct and complete.
- You can check any information relevant to my application and that you may check some information with other sources within the council, rent offices and other councils.
- I will tell you straight away if there are any changes in my circumstances.
- I understand you may use the information provided to allow the council to provide support, advice and assistance.
- I understand that I will have to repay any overpayments of DHP that the council seek to recover.

I / a person acting on my behalf have completed this form.

Completed by: (print name) .....

If completed by someone other than the claimant please state your relationship: .....

Signed.....

Date dd / mm / yyyy

**PLEASE SIGN AND RETURN TO: REVENUES UNIT, ST DAVID’S HOUSE, SOUTH BRIDGE STREET, BATHGATE, EH48 1TT**

**Notes:**

The Council only has a limited budget to make these payments so they are made on merit and normally on a short-term basis. If the information you give us shows that you could afford the shortfall in your housing costs it is unlikely that we would award you a Discretionary Housing Payment. You may still benefit from advice and assistance to help you budget your income accordingly, if you would like further advice please contact our Advice Shop at Bathgate Partnership Centre on 01506 283000.

If you want to apply for a Discretionary Housing Payment you should complete and return this form. Please provide the information requested and supply any available supporting evidence. If you do not supply enough information we may have to contact you and this will delay our decision.

**BACKDATING**

We may be able to backdate your application at our discretion if you have good reason for the delay in making your application.

**ADDITIONAL ROOMS**

You may be allowed the use of an additional room, for example:

- you may be unable to share a bedroom with your partner due to illness or disability; or
- you may require use of a room for a non-resident overnight carer, or
- you have a disabled child who is unable to share with a sibling, or
- where you have a son or daughter currently on active duty with the armed forces, or
- if you are a foster / kinship carer.

Please provide all information and any relevant supporting evidence.

**DISABLED ADAPTATIONS TO YOUR PROPERTY**

We may be able to award a longer period of DHP if your property has been significantly adapted to meet your / your partner's disabled needs. Please tell us about any adaptations such as:

- Bathroom and Toilet adaptations (wet floor shower, additional toilet etc.)
- Access to the home (wheelchair access, ramps, step alterations, handrails etc.)
- Kitchen and Living Space adaptations
- Lifts (stair lifts, through-floor lifts, step lifts etc.)
- Hoists
- Other small adaptations and specialist equipment

**TOTAL WEEKLY INCOME AND EXPENDITURE**

**Income**

This is the combined income that you / your partner receive from all sources including any benefits, tax credits, earnings or pensions.

**Expenditure**

This is all your weekly outgoings such as:

- Rent shortfall
- Council Tax / Water / Sewerage
- Rent Deposit
- Home Insurance
- Gas / Electricity / Other fuel costs
- Food / Shopping / Housekeeping
- TV license / Satellite subscription
- Home / Mobile telephone and broadband
- Car / Public Transport / Travel costs
- Loans / Credit Debts / Catalogue repayments

This list is not exhaustive

Please provide a weekly figure for both income and expenditure, if any of your income or expenditure is paid in multiples of weeks please divide into a weekly amount, if monthly you should convert this by multiplying by 12 and dividing by 52.

If you disagree with our decision you may ask in writing for your case to be looked at again.

If you have any questions about this form please telephone 01506 280000, or you can email us at [benefits@westlothian.gov.uk](mailto:benefits@westlothian.gov.uk)