



# NEWARK & SHERWOOD *DISTRICT COUNCIL*

## APPLICATION FORM FOR DISCRETIONARY HOUSING PAYMENTS FOR COUNCIL/HOUSING ASSOCIATION TENANTS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BENEFIT REF: \_\_\_\_\_

1	Are you a Council tenant or do you own and live in your own home?  Please specify:	
2	Are there any non dependants in your household?  How do they contribute towards Housing/Council Tax per week?	
3	What disabilities or health problems do you or any member of your family have?  (Can you provide evidence to substantiate this?)	
4	Do you have any rent arrears?  Please specify period they cover and amount owing?	
5	Is there a risk of you becoming homeless if a payment is not made?	
6	Is there anything else you think we should know about in support of your application?	

Claimant's signature: \_\_\_\_\_

Date: \_\_\_\_\_



# NEWARK & SHERWOOD DISTRICT COUNCIL

What do you pay out per week?  
We may ask you to provide proof

£

<p>Deductions from <b>Income Support/Job Seekers Allowance/ESA/ESA(IB)</b></p> <p><b>YES/NO</b></p> <p>(If YES, tell us what for/how much/when are payments due to cease)</p>	
1. Rent (if applicable)	
2. Council Tax (if applicable)	
3. Water Rates	
4. Gas	
5. Electric	
6. Other fuels	
7. Food/Housekeeping	
8. Telephone	
9. Clothing	
10. Television Licence	
11. Television Rental	
12. Travelling Expenses (to work or hospital)	
13. Insurances	
14. Fines (when is this/are they due to end)	
15. County Court Orders (when is this/are they due to end)	
16. Visa/Credit Cards/Overdraft - amounts of repayment - date(s) due to cease	
17. Catalogue/Store Card Payments	
18. Child Care Costs eg. Nursery/childminder	
19. Cable/Sky TV	
20. Maintenance/CSA	

21. Prescription Charges	
22. Optician Charges	
23. Dental Charges	
24. Other	
Total	

<p>Claimant:</p>  <p>Date:</p>	
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