



Full Name		Address	
Date of Birth		National Insurance Number	
Telephone Number		Email	

Part 1 - Please complete the section below

Please tick the appropriate box below to confirm why you have applied for Discretionary Housing Payments:

Shortfall in rent Removal Fees Advance Rent Advance Deposit

Please provide evidence of the cost associated with the move (if applicable)

Are you or any member of your household registered disabled? Please remember to include details of any expenses relating a health condition or disability in part 4	Y	N
Has your property been adapted to meet the needs of a disability for you or a member of your household?	Y	N
Do you provide foster care or kinship care?	Y	N

What steps have you taken to reduce your outgoings?

Private Landlord Customers only – Have you tried to negotiate a rent reduction with your landlord and what was the outcome? If you have not attempted negotiations, please provide reasons.



Part 2 - Universal Credit Please complete section below

Have you applied for, or receive, Universal Credit? Yes No If No Go to Part 3

Please complete the section below detailing everyone within your household

Name	Date of Birth	National Insurance Number (if applicable)	Relationship to you

How many rooms do you have in your home?

	Bedrooms	Living Room	Dining Room	Kitchen	Bathroom	Toilet	Other
Total number of rooms in the house							
Rooms that only you use							
Rooms that you share							

Please confirm your monthly rent charge

£

Please provide evidence of your rent charge from your landlord.

Name of landlord	
Address of landlord	

Please provide your bank details:

Bank name	
Address of your bank	
Name of account holder	
Account number	
Bank sort code	
Roll number (Halifax only)	



Part 3 - Please complete this section to support your application for Discretionary Housing Payment

Other information

You must complete this section in support of your application for Discretionary Housing Payment. Tell us about anyone within your household who is experiencing any difficulty due to disability, health or any other reason that you think is relevant to your claim. You must give as much information as possible in order to aid your application.

Don't forget to sign the declaration at the end of this form



Part 4 - Income and Expenditure

HOUSEHOLD INCOME AND EXPENDITURE

Income

Claimant	£
Partner	£
Any Other Income (please state type)	£
Total	£

Outgoings Including Debt Payments

Amount £

Outgoings	Amount	Frequency (weekly, fortnightly or monthly)
Rent/Arrears	£	
Council Tax/Arrears	£	
Fuel (electricity)	£	
Fuel (gas)	£	
Food	£	
Household	£	
TV License	£	
Insurance (please state type)	£	
Loan Repayments (please state type)	£	
Credit Card Payments	£	
Catalogue Payments	£	
Medical Expenses (Personal)	£	
Mobile Phones	£	
Cable/Satellite	£	
Pets	£	
Clothes	£	
Car Tax/Insurance/Fuel	£	
Other (specify)	£	
	£	
	£	
	£	
Total Outgoings	£	

How we will use your information In line with the General Data Protection Regulations, you are giving us your personal information to allow us to assess your claim for Discretionary Housing Payment and apply it if you are eligible to it. We also use your information to verify your identity where required, contact you by post, email or telephone and to maintain our records. **For full details on how we will use your information, please log onto www.glasgow.gov.uk/privacy**

Declaration The information I have given on this form is true, complete and correct. You may make any enquiries necessary to check the information I have given. I understand that I will have to repay any Discretionary Housing Payment which is later determined to have been overpaid.

Signature		Date	
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Please return completed form to Glasgow City Council, PO Box 36, Glasgow G1 1JE