

Discretionary Grant Application Form**Financial Inclusion Team**financialinclusion@solihull.gov.uk**Solihull**
METROPOLITAN
BOROUGH COUNCIL

This form can be used to apply for a **Discretionary Housing Payment** or the **Discretionary Crisis Fund** or you can apply online at www.solihull.gov.uk/council-tax-and-benefits/grants-financial-support

Discretionary Crisis Fund (DCF)

A grant to help relieve crisis events that are outside the control of a person.

The applicant is experiencing **exceptional financial pressures** and cannot use other sources of help.

We will not issue cash awards.

If you are requesting emergency help with your pre-paid meter or food parcel, do not use this form. Call 0121 704 8284 for an assessment.

Discretionary Housing Payments (DHP)

DHP's are payments to help applicants with their housing costs if they experience financial difficulties.

You can **only apply** if you are in receipt of **Housing Benefit** or the **Housing Element of Universal Credit**.

This scheme does not cover service charges, water rates, heating, lighting and support services / meals, overpayments of housing benefit or administration costs

Who Can Apply?

- You must be over 16yrs
- Experiencing exceptional financial difficulties
- Ordinarily resident in Solihull
- Legally resident in the UK
- If you are applying for a Discretionary Housing Payment only, you must be in receipt of Housing Benefit or the Housing Element of Universal Credit.

What will we award?

We will not issue cash under any circumstances.

We will only make an award that can make a difference to people's circumstances. Some items are excluded, as shown at the end of this application form (see Appendix A)

We may also assess your suitability for other grants or entitlements.

Information we need

Please complete as much of this form as possible. Use our checklist as a guide.

Who decides? How long will it take?

Each application will be assessed on its own merits. Some applications could take up to 10 working days to process.

We will put our decision in writing to you.

If you would like help to complete this form then call us on 0121 704 6202 or email financialinclusion@solihull.gov.uk. We can advise you on what information to provide.

Evidence checklist

Please provide the following information, where this is relevant to your circumstances only. Do not send valuable items through the post e.g. passports, driving licence.

You can provide information to your local connect office or by post:

Financial Inclusion Team, Income & Awards PO Box 8118 Council House Solihull B91 9WZ

<http://www.solihull.gov.uk/About-the-Council/Customer-services/walk-in-centres>

Proof of Identity

- If you have a claim for housing benefit or council tax reduction we don't need this information.
- If you don't have a claim, we will need either a valid copy of your passport, national insurance number, driving licence, birth certificate or UK resident permit.

Bank Statements

- The last two months of bank statements for all accounts held, including building society or post office. If you have your money paid into another person's account we will need to see proof of this.

Evidence of debts

- Rent statements, utility bills, loans, hire purchase agreements, credit card statement and any other debts.

Evidence of earnings (Payslips)

- The last two payslips if not shown on your bank statements. We may request more.
- If you or your partner is self employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.

Evidence of other income

- For example, private pensions, child maintenance or money people pay you for board, lodgings or maintenance.

Evidence of your crisis need

Such as letters of support from social or health care professionals, medical notes from GP's or hospitals, homeless assessments, letters of support from support workers and other organisations.

Part 1(a): About your household

	You	Your Partner*
First Name		
Surname		
Other surnames		
Title (Mr, Ms, Mrs or other)		
Address		
Telephone number		
Email		
Date of birth		

Do you have a partner who normally lives with you? No / Yes

*a partner means a person you are married to or have a civil partnership with or a person you live with as if you were their husband, wife or civil partner.

<p>National Insurance number</p> <p>You can find this on payslips or letters from the Dept. for Work and Pensions or HM Revenue & Customs (Tax Office).</p>	<p>National Insurance Number</p> <p>You</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>Your Partner</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>If you do not have a National Insurance number or cannot find it, tick this box <input type="checkbox"/></p>																				

I have been living in the UK for the last 6 months	Yes <input type="checkbox"/> / No <input type="checkbox"/>
I am a British citizen	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If no, please tell us which country you are from?	
Do you have a current legal residency in the UK	Yes <input type="checkbox"/> / No <input type="checkbox"/>

Part 1 (b) : About other people who live with you

Please tell us about all the member of your household including any lodgers.

Full Name	Date of Birth	Sex (male of female)	Relationship to you or partner	When they moved in

Please use this space to tell us anything about the members of your household and any special circumstances you may wish us to take into consideration (optional)

Part 2 (b): About your household finances

Please use the budget sheet below to tell us about your income and outgoings.

A. Income	Week	Month	C. Savings	Week	Month
Your wages (take home / net)			Cash		
Partners wages (take home / net)			Bank		
Rent / Keep from lodgers			Building Society		
Rental income			Other Investments		
Other:			Other:		
Other:			Other:		
Other:			Other:		
B. Benefits	Week	Month	Please provide any additional information here about your income and outgoings <i>Specify here</i>		
Please list all the benefits you and other household members receive					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

What is your weekly household expenditure

Please give details of all regular household expenses and how you spend on a weekly/monthly basis. We can advise on any help to make your money go a little further.

Home and contents	Amount per week	Amount per month
Rent	£	£
Ground rent (service charges)	£	£
Mortgage	£	£
Mortgage Endowment	£	£
Secure Loans	£	£
Council Tax	£	£
Appliance and Furniture rental (inc appliance and furniture HP)	£	£
TV licence	£	£
Other costs	£	£
Utilities	Amount per week	Amount per month
Gas	£	£
Electric	£	£
Other costs (including coal, oil calor gas)	£	£
Other expenditure	£	£
Water	Amount per week	Amount per month
Water supply	£	£
Water Waste	£	£
Care and Health Costs	Amount per week	Amount per month
Child care costs	£	£
Adult Care Costs	£	£
Child maintenance or child support	£	£
Prescriptions and medicines	£	£
Dentistry and Opticians	£	£
Other costs	£	£
Transport and Travel	Amount per week	Amount per month
Public Transport	£	£

What is your weekly household expenditure continued

Please give details of all regular household expenses and how you spend on a weekly/monthly basis. We can advise on any help to make your money go a little further.

Transport and Travel	Amount per week	Amount per month
Hire Purchase or conditional sale vehicle	£	£
Car Insurance	£	£
Car Tax	£	£
MOT and ongoing maintenance	£	£
Breakdown cover	£	£
Fuel, Parking and Toll charges	£	£
Other costs (inc Taxis)	£	£
School costs	Amount per week	Amount per month
School Uniform	£	£
After school clubs and school trips	£	£
Other costs	£	£
Communication and Leisure	Amount per week	Amount per month
Home Phone, Internet, TV packages (inc Film subscription)	£	£
Mobile Phone	£	£
Hobbies, Leisure or sport	£	£
Gifs (Birthdays, festivals, charity donations)	£	£
Other costs	£	£
Food and housekeeping	Amount per week	Amount per month
Groceries (Food, drink, Pet food, cleaning)	£	£
Nappies and baby items	£	£
School meals and meals work	£	£
Laundry and dry cleaning	£	£
Alcohol	£	£
Smoking products	£	£
Vet bills and Pet insurance		
House repairs and maintenance	£	£

What is your weekly household expenditure continued

Please give details of all regular household expenses and how you spend on a weekly/monthly basis. We can advise on any help to make your money go a little further.

Personal costs	Amount per week	Amount per month
Clothing and footwear	£	£
Hairdressing	£	£
Toiletries	£	£
Other costs	£	£

Borrowing / Debts

Please tell us about any money you may owe.

We can arrange help for you to tackle any money worries, so please be as honest as you can.

Priority Debts	Amount per week	Amount per month	Total amount owed
Court fines			
Council Tax arrears			
Rent arrears			
Mortgage arrears			
TV Licence arrears			
Water			
Gas and electricity arrears			
Secured loans (against your home)			
Child maintenance			
Hire purchase (if you brought an essential item)			
Non-Priority Debts	Amount per week	Amount per month	Total amount owed
Credit Cards			
Personal Loan			
Overdraft			

Catalogue			
Payday loan			
Money owed to family or friends			
Doorstep – collected loans			
Other:			
Other:			

Part 3(a) Your Need			
Please tick the box which best describes why you are applying for help			
Help for a Crisis	<input type="checkbox"/>	Discretionary Housing Payment	<input type="checkbox"/>
You are homeless and require help to move into a property	<input type="checkbox"/>	Rent arrears	<input type="checkbox"/>
You have had to move into other accommodation due to an emergency (such as a relationship breakdown)	<input type="checkbox"/>	On-going rent <i>You are struggling to pay the difference between your housing benefit and rent</i>	<input type="checkbox"/>
You have been a victim of crime	<input type="checkbox"/>	Rent Deposit / Rent in advance Please refer to Information sheet available on our webpage	<input type="checkbox"/>
You have experienced a fire or flood	<input type="checkbox"/>	Removals Please refer to Information sheet available on our webpage	<input type="checkbox"/>
You are experiencing other exceptional pressures <i>Specify here</i>	<input type="checkbox"/>	Other: <i>Specify here</i>	
Please tell us about your landlord		Please tell us here	
Who is your landlord			
Have they served you with a 'notice seeking possession		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Have you been given a date for a court hearing for your rent arrears	Date:	
If you attended a court hearing, what was the judge's decision?	Case dismissed	<input type="checkbox"/>
	Case adjourned	<input type="checkbox"/>
	Money order – pay by a date	<input type="checkbox"/>
	Suspended order for possession	<input type="checkbox"/>
	Outright possession order	<input type="checkbox"/>
	Warrant for Eviction	<input type="checkbox"/>

If you are applying for to the Discretionary Crisis Fund, please tell us the essential items (goods) you need otherwise please confirm what support you require? e.g. rent deposit, rent payments, shortfall in rent

1	
2	
3	
4	
5	
6	

Please tell us why you are applying for these items and what actions or help you have sought to resolve your crisis need.

Specify here

If you are applying for help towards your housing costs please tell us below what help you require?

Specify here

Part 5 References

Please complete this section if someone is filling in this form on your behalf

Full Name	
Organisation (if relevant)	
Address (if known)	
Post Code (if known)	
Telephone (daytime)	
Mobile phone	
Email (if known)	
Their relationship to you	

Please tick this box if you give consent for this person to act on your behalf for the purpose of this application

Other references

Please provide details of any support workers or professionals that would be happy to talk to us about your application. They may be able to provide supporting information.

Reference	
Name	
Organisation	
Their work role (e.g. social worker)	
Contact number	
Email	

Part 6 Declaration

Please read this declaration carefully before you sign and date.

I understand the following:

1. Solihull Council will use the information I have provided to process my application for Discretionary Grants. It may also be used to assess my eligibility for other benefits, grants and awards towards disability, support and care services.
2. **Data Protection - Fairer Processing Notice** - In order to process my application, Solihull Council may need to check or share some of the information I have supplied with others services within the Council, other Councils and Government Departments and representatives from voluntary and community organisations, professionals within the field of health and social care and partner organisations to ensure our records are kept accurate and to help us to identify services or benefits you may be entitled to or interested in. You may also need to share my information for the prevention and detection of fraud and/or other crimes or as the law requires. Further information about how information is used and shared can be found on the Council's Privacy Statement on www.solihull.gov.uk or contact systemscontrol@solihull.gov.uk.
3. Solihull Council may get information about me from other organisations or give information about me to make sure information is accurate and to prevent or detect crime, fraud and to protect public funds.
4. I may be asked to provide further evidence of my need or circumstances when required to do so.
5. I should not enter into any agreement for the purchase of goods or services which are reliant on the payment of a grant until I have been informed that my application has been approved and it is reasonable to do so.
6. Awarded items may not be sold onto others for financial gain and grants must be spent for the purpose for which they are agreed
7. I may be required to produce evidence to show the grant has been used for the agreed purpose
8. I may be asked to provide Solihull Council and partners with information on how the grant has helped me

9. An award may be conditional upon accepting to seek advice and guidance on debt, money, housing, employment or health related matters.

10. I understand that claiming an award by way of falsely declaring circumstances, providing false statements, and false evidence by any other means of deception may result in an investigation, and if fraud is found, action may be taken against me including criminal proceedings.

I have read and agree to the above terms and conditions of the grant

Full Name:

Signature:

Date:

Part 8 Monitoring

Equal Opportunities

Solihull Metropolitan Borough Council (SMBC) is committed to Equal Opportunities. Within our Equal Opportunities Policy, SMBC aims to promote fairness and equality of access to all in respect of service provision and employment.

The aim of our policy is to ensure that no individual receives less favourable treatment on grounds of colour, race, ethnic or national origin, gender, disability, sexual orientation, age or religion. In order to help us effectively monitor our services, please can you complete this monitoring form. All information provided by you will be treated in confidence.

Gender:

Male Female

Age:

Under 16 35 – 44 years

16 – 24 years 45 – 59 years

25 – 34 years 60 – 75 years

75 years +

Ethnicity:

White

White British

White Irish

Any other White background

Black or Black British

Caribbean

African

Any other black background

Mixed

Caribbean

White and Black African

White and Asian

Any other mixed background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian Background

Chinese or other Ethnic Group

Chinese

Any other ethnic group

Language:

Is your first language English? **Yes** / **No**

If no, please state your first language

Part 8 Monitoring...continued

Disability

Under the Disability Discrimination Act (DDA) 1995 the Act defines a disability as “a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities. Do you have an illness or condition that is considered a disability as defined under the DDA?-

Yes / **No**

If yes, please state the nature of disability:

Visual Impairment

Hearing Impairment

Learning Disability

Physical Disability

Other

Extra Information

Use this space to tell us anything else you want us to know which will support your application or to finish something you were telling us in another part of the form where there wasn't enough space for your full answer.

Specify here