

CRF - Housing Payment Application Form

CRF - Housing Payments (CRF-HP) are not payments of benefit. They are standalone payments made at the discretion of the local authority and are subject to an annual cash limit. CRF HP's are designed to be a short term measure to assist claimants in meeting the shortfall between the actual Rent payable and the amount of benefit awarded. They are not designed to be continuous payments used to supplement a claimant's Housing Benefit.

Who Can Apply?

- People who are in receipt of Housing Benefit
- People whose benefit does not fully cover their rent

You Can't Get CRF-HP for:

- Any service charges included in your rent that can't be met by Housing Benefit, for example water rates.
- To cover the shortfall in Housing Benefit that occurs due to an overpayment being recovered.

If you require assistance with this form, please contact our offices on the above email or telephone number and a member of our staff will be happy to assist you.

Name: _____

National Insurance Number: _____

Claim Reference (if known) _____

Address: _____

1. Please explain why you are not able to pay the difference between your housing costs and the amount of Housing Benefit or Universal Housing Costs awarded?	
2. When did you move to this address? (If you moved in the last 12 months, please state your previous address:	
3. Do you have any rent arrears? If so, how much? Please advise when and why these rent arrears occurred?	

Please provide evidence of your arrears.	
4. Were you able to afford the rent when you moved in? (Yes/No?)	
5. If so, tell us how?	
6. Have you asked the Landlord/Landlady to reduce the rent? (Yes/No?) If so, what was the outcome of this?	
7. Have you tried to find cheaper accommodation? (Yes/No?) Please provide details:	
8. Is there any reason you could not move if you were able to find cheaper accommodation? (Yes/No?) Please provide details:	
9. How much notice do you have to give?	
10. When does your current tenancy end?	
12. Do you have any relatives or friends who could assist you financially or offer you accommodation? (Yes/No?)	
13. Have you recently been bereaved? If so, please provide details and the date of the bereavement?	
14. Do you or a member of your household have disabilities or health problems? (Yes/No?) If yes, please give full details:	

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Please give details of your weekly/monthly income from all sources. Ensure you confirm if these are weekly /monthly details?

Income	Your Household £	Frequency (weekly/monthly)
Universal Credit		
Earnings Claimant		
Earnings Partner		
Child Benefit		
Child Maintenance		
ESA/JSA/Income Support		
State Retirement Pension		
Private Pension		
Tax Credits		
Non-Dependant(s) Board/Rent contribution. (What do your children over 18 years old contribute if no longer in full-time education)?		
Other Benefits received – Please state:		
Other Income – Please State:		
TOTAL INCOME		

Please give details of your weekly/monthly outgoings. Ensure you confirm if these are weekly or monthly details?

Outgoings	Your Household £	Frequency (weekly/monthly)
Council Tax		
Rent/Mortgage		
Electricity		
Gas		
Water		
Contents Insurance		
Phones Home/Mobile		
Internet/Broadband		
Satellite Television		
TV Licence		
Food, Toiletries, Cleaning products		
Clothing/Shoes		
Cigarettes		
Loan /Fines		
Credit cards/Store Cards		
School Meals/Outings		
Travel Expenses (Work) Bus Fares/Taxi Fares/Petrol		
Vehicle Insurance		

Vehicle Tax		
Please give us details of any other expenses you have which are not listed above:		
TOTAL OUTGOINGS		

15. Do you have any other money, savings, including holiday homes or other property?	
16. Please tell us about any recent or future changes affecting you (or a member of your family) that we should take into account? (e.g. moving, starting/stopping work, a change in your household, relationship breakdown). Please give details:	
17. How much do you think you can afford to pay towards your weekly rent?	
18. How much is your current rent?	
19. Is there anything else you think we should know?	
Please confirm the bank details for the account you wish any payments to be made to:	
Account Number	Sort Code
Account Name	

Declaration

I declare that, to the best of my knowledge and belief, the information given on this form is a complete and correct statement of my circumstance. I know that I must let the council know about any changes in my circumstances which may affect my Housing Benefit, Council Tax Support or any Discretionary Housing Payment that may be awarded. I understand that I may need to give the council further information in support of this claim, and I agree to the council verifying any of the details provided.

Claimants Signature _____

Dated _____

Partners Signature _____

Dated _____

You should return this form to us with any relevant supporting documents i.e., proof of rent arrears, proof of overlapping tenancies, evidence of any high expenditure. You can email your form and supporting documents to us at **hdc-dhp@milton-keynes.gov.uk**