

**APPLICATION FORM FOR CRISIS AND RESILIENCE FUND HOUSING PAYMENTS FOR  
COUNCIL/HOUSING ASSOCIATION TENANTS**

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

**DATE OF BIRTH:** \_\_\_\_\_

**NATIONAL INSURANCE NUMBER:** \_\_\_\_\_

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

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

1	<p><b>Are you a Council tenant or do you rent from a Housing Association?</b></p> <p>Please specify:</p>	
2	<p><b>Are there any non dependants in your household?</b></p> <p>How do they contribute towards Housing/Council Tax per week?</p>	
3	<p><b>What disabilities or health problems do you or any member of your family have?</b></p> <p>(Can you provide evidence to substantiate this?)</p> <p><b>Has the property been significantly adapted in any way by your landlord to meet your needs?</b></p> <p>If yes, please give details of what adaptations have been made and whether you qualified for a Disabled Facilities Grant. Include when these were carried out and which member of your household these adaptations were for:</p>	
4	<p><b>Do you have any rent arrears?</b></p> <p>Please specify period they cover and amount owing.</p>	

<b>5</b>	<b>Could you afford the rent when you first moved in?</b>	
<b>6</b>	<b>Is there a risk of you becoming homeless if a payment is not made?</b>	
<b>7</b>	<b>Do you receive any Child Maintenance Payments?</b> If so, then confirm your weekly/monthly payment.	
<b>8</b>	<b>Is there anything else you think we should know about in support of your application?</b>	

## What do you pay out per week / per month?

We may ask you to provide proof

£

Deductions from <b>Universal Credit</b> or any other state benefit? <b>YES/NO</b>  (If YES, tell us what for/how much/when are payments due to cease)	
1. Rent (if applicable)	<b>Weekly/Monthly</b>
2. Council Tax (if applicable)	<b>Weekly/Monthly</b>
3. Water Rates	<b>Weekly/Monthly</b>
4. Gas	<b>Weekly/Monthly</b>
5. Electric	<b>Weekly/Monthly</b>
6. Other fuels	<b>Weekly/Monthly</b>
7. Food/Housekeeping	<b>Weekly/Monthly</b>
8. Telephone	<b>Weekly/Monthly</b>
9. Internet/Broadband	<b>Weekly/Monthly</b>
10. Clothing	<b>Weekly/Monthly</b>
11. Television Licence	<b>Weekly/Monthly</b>
12. Travelling Expenses	<b>Weekly/Monthly</b>
13. Insurances	<b>Weekly/Monthly</b>
14. Fines (when is this/are they due to end)	<b>Weekly/Monthly</b>
15. County Court Orders (when is this/are they due to end)	<b>Weekly/Monthly</b>
16. Visa/Credit Cards/Overdraft - amounts of repayment - date(s) due to cease	<b>Weekly/Monthly</b>
17. Catalogue/Store Card Payments	<b>Weekly/Monthly</b>
18. Child Care Costs eg. Nursery/childminder	<b>Weekly/Monthly</b>
19. Cable/Sky TV	<b>Weekly/Monthly</b>
20. Maintenance/CSA	<b>Weekly/Monthly</b>
21. Prescription Charges	<b>Weekly/Monthly</b>
22. Optician Charges	<b>Weekly/Monthly</b>

23. Dental Charges	<b>Weekly/Monthly</b>
24. Other (please specify)	<b>Weekly/Monthly</b>
Total	

**Declaration**

Please read the following statements and sign below. We cannot deal with your application if you have not signed it.

- This is my claim for a Crisis and Resilience Fund Housing Payment and the information I have given is true and complete.
- I will tell you if the information on any letter you send me is incorrect.
- I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- I understand that you may check the information I have given on this form against council and Government records.
- I understand that you may use the information I have given in connection with this and any other claim I have made or may make for state benefits. You may give some information to other organisations, such as Government departments and local authorities, if the law allows this. I know that I must tell you if my circumstances change after I make this claim.

Claimant Signature:

Date: