

APPLICATION FORM FOR CRISIS AND RESILIENCE FUND HOUSING PAYMENTS FOR PRIVATE TENANTS

NAME: _____

DATE OF BIRTH: _____

NATIONAL INSURANCE NUMBER: _____

ADDRESS: _____

BENEFIT REF: _____

1	<p>Have you tried to negotiate a lower rent with your landlord?</p> <p>If YES what was the outcome? (Can you provide evidence to substantiate this). If NO why not?</p>	
2	<p>Have you considered/tried moving to cheaper alternative accommodation?</p> <p>If YES what have you done? (Can you provide evidence to substantiate this)</p>	
3	<p>Could you live with relatives/friends?</p> <p>Have they got the room/available accommodation?</p>	
4	<p>How much notice are you required to give when vacating the property?</p> <p>(Can you provide evidence to substantiate this)</p>	
5	<p>What disabilities or health problems do you or any member of your family have?</p>	

	(Can you provide evidence to substantiate this?)	
3	Are there any non dependants in your household? How do they contribute towards Housing/Council Tax per week?	
4	Are you on a Council or Housing Association waiting list? If YES, have you been offered any properties?	
4	Do you have any rent arrears? Please specify period they cover and amount owing.	
5	Could you afford the rent when you first moved in?	
6	Is there a risk of you becoming homeless if a payment is not made?	
7	Do you receive any Child Maintenance Payments? If so, then confirm your weekly/monthly payment?	
8	Is there anything else you think we should know about in support of your application?	

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

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

23. Dental Charges	Weekly/Monthly
24. Other (please specify)	Weekly/Monthly
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: