

**An application form for:
Discretionary Housing Payment**

Revenues & Benefits Tel: 03000 26 2000
PO Box 238 Fax: 01207 218876
Stanley Website: www.durham.gov.uk/benefits
DH8 1FP



Name	_____
Address	_____ _____ _____
Postcode	_____

Contact information	
Home	_____
Mobile	_____
Work	_____
Email	_____

For office use only

Claim number	_____
Date issued	_____
Issued by	_____

About this form

You can ask for help with your housing costs, this help is called a Discretionary Housing Payment.
All applications for Discretionary Housing Payments are subject to a means tested financial assessment.
Awards of Discretionary Housing Payment will be made where we consider that additional assistance will help you to find a longer term solution to your housing and financial problem.
You must be getting Housing Benefit or Universal Credit to be able to receive a Discretionary Housing Payment.

If you need help filling in the form

If you need help, our phone number is **03000 26 2000**. Alternatively visit one of our offices as shown on Page 18.

If you have any additional needs please tell us about them below. You do not have to tell us this information but it may give us a better understanding of your needs and therefore help us to deal with your claim more quickly.

- Please tick if you:
- | | |
|---|--|
| <input type="checkbox"/> require help with reading and writing | <input type="checkbox"/> have a sight impairment |
| <input type="checkbox"/> have hearing difficulties | <input type="checkbox"/> have difficulty with mobility |
| <input type="checkbox"/> have a long term medical/mental impairment | |

Filling in the form

When you are filling in this form, use **black ink**. Do not use a pencil. If you make a mistake, cross it out and put the right answer next to it. Do not use correction fluid or tape. Answer 'Yes' or 'No' questions by putting a **tick** in the relevant box.

Proof

We need to see proof of some of the things you tell us about. There is a checklist at **Part 11** of this form to help you. You must send us original documents, which we will copy and return to you. If you are not sure if we need to see proof of something, get in touch with us. We will tell you what we need to see. We need to see the same proof for your partner if you have one and for any other adults living in your home. You have one month to send us any proof we ask for. If you fail to send us this proof within one month we may cancel your application.

We cannot consider your Discretionary Housing Payment until we have seen the proof we have asked for.

Changes you must tell us about

Tell us straight away if:

- you or your partner move
- any of your children leave school or leave home (please provide their current address if they have left home)
- anyone moves into or out of your home, including lodgers and sub-tenants (please provide their previous address if someone moves into your home and the new address of anyone who moves out)
- your income or the income of anyone living with you changes (this includes any benefits that change)
- your capital or savings or those of anyone living with you changes
- Income Support, Job Seekers Allowance (Income Based), Pension Credit (Guarantee Credit) Employment and Support Allowance (Income Related), Disability Living Allowance, Personal Independence Payment for you or anyone living with you stops
- If you have significant adaptations made to your property or move to a different accommodation which has already been significantly adapted
- If you cease to be or become a Foster Carer
- If you become terminally ill
- there are any changes to your rent liability
- you cease to have an overnight carer or if you begin to need an overnight carer
- someone dies
- you or your partner are going to be away from home for more than a month
- you or anyone living with you:
 - starts work
 - leaves work
 - changes employment
 - has a baby
 - goes into hospital
 - goes into a nursing home
 - goes into prison
 - becomes a student
 - starts a training scheme
- there are any changes to the outgoings you have declared on your application form
- anything you have told us about in this form changes

You must make sure you tell us about any changes in circumstances that may affect the amount of Discretionary Housing Payment. Don't rely on someone else to pass the message on. If you don't tell us about these changes the amount of Discretionary Housing Payment you are awarded may be incorrect or you may get too much Discretionary Housing Payment. It is an offence not to tell us about any change of circumstances that affects your Discretionary Housing Payment. We may take court action against you and if we pay you too much Discretionary Housing Payment you may have to pay it back.

Write to us at Revenues and Benefits, PO Box 238, Stanley, DH8 1FP.

Part 1 About you and your household

Do you have a partner who normally lives with you?

By partner, we mean someone 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.

A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple.

No Yes If you have a partner, you must answer all the questions about them, as well as yourself.

	You	Your Partner
Last name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Title for example Mr, Mrs, Ms.	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Address you wish to claim for	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode

Please list all the people who live with you, include full names & date of births of everyone living in your household:

Full Name	Date of birth	Male/ Female	Relationship to you or your partner	Weekly Income	Savings	Date moved into the property
	/ /			£	£	/ /
	/ /			£	£	/ /
	/ /			£	£	/ /
	/ /			£	£	/ /
	/ /			£	£	/ /
	/ /			£	£	/ /

Are you or anyone else living with you expecting a baby? No Yes If 'Yes' please tell us their names and what date the baby is due.

Full Name	Date of Birth	Relationship to you or your partner	Date baby is due
	/ /		/ /
	/ /		/ /

Has there been a death in your immediate household in the last 12 months? No Yes If 'Yes' please tell us their name and date of death.

Full Name	Relationship to you or your partner	Date of Death
		/ /
		/ /

Part 2 Priority Groups

Has your property been significantly adapted?

No Yes

By significantly adapted we mean a property which has had significant alterations to or a bespoke design of the building structure designed to meet the needs of the claimant, partner or another member of the household who is disabled. This would include extensions, through floor lifts, widening of door frames for wheelchair access but would not include level entry showers (wet rooms), ramps, grab rails or stair lifts.

Has your property been adapted in any of the following ways to meet the needs of either you, your partner or any other member of your household ?

Extension to property No Yes If 'Yes' please give details below:

Widening of door frames No Yes If 'Yes' please give details below:

Through floor lift No Yes If 'Yes' please give details below:

Any other adaptations? No Yes If 'Yes' please give details below:

Please confirm who the adaptations were made for:

--

We need to see proof of this. See checklist at **Part 11**.

Do you use a bedroom to store disability related equipment?

No Yes If 'Yes' please give full details of equipment stored

Do you or any member of your household have any special needs that may prevent you from moving?

No Yes If 'Yes' please give details:

We need to see proof of this. See checklist at **Part 11**.

Are you, your partner or any member of your household in receipt of Disability Living Allowance (any element) or Personal Independence Payment or Armed Forces Independence Payment (AFIP)?

No Yes

Are you and/or any member of your household considered vulnerable and are either unable or would take longer to move because you are in need of treatment, care or support?

No Yes If 'Yes' please give details:

We need to see proof of this. See checklist at **Part 11**.

Part 2 Priority Groups - *continued*

Are you unable to share a bedroom with your partner due to a disability or long term illness/medical condition?

No Yes If 'Yes' please give details:

We need to see proof of this. See checklist at **Part 11**.

Are you responsible for a disabled child who requires a bedroom of their own and the child is not entitled to the care component of Disability Living Allowance at the highest/middle rate?

No Yes If 'Yes' please give details:

We need to see proof of this. See checklist at **Part 11**.

Are you responsible for a child who is not disabled but who you consider requires a bedroom of their own?

No Yes If 'Yes' please give details:

We need to see proof of this. See checklist at **Part 11**.

Do you have a child temporarily in care?

No Yes If 'Yes' please confirm the following:

Name of Child	Date of Birth	Expected date of return

We need to see proof of this. See checklist at **Part 11**.

Do you/your family have any Intervention from Social Service that involves kinship care arrangements, children at risk or any involvement in a family intervention project or similar?

No Yes If 'Yes' please give details:

Name and Contact detail of the Social Worker assigned to case:		

We need to see proof of this. See checklist at **Part 11**.

Do you have a child taking GCSE/A Level examinations where you consider that a move would have a detrimental effect on their education?

No Yes If 'Yes' please give the name of the child below:

Name of Child

We need to see proof of this. See checklist at **Part 11**.

Part 2 Priority Groups - *continued*

Do you have a dependent child who does not currently reside with you but who you have overnight access to?

No Yes If 'Yes' please confirm the following:

Name of Child	Date of Birth	No. of nights resides with you

We need to see proof of this. See checklist at **Part 11**.

Are you a registered foster carer?

No Yes We need to see proof of this. See checklist at **Part 11**. Provide original documents only.

If 'Yes' what date were you registered?

What was the date you last had a foster child in your care?

How many rooms in your home are specifically for the use of foster children as a bedroom?

Have you been approved as an adoptive parent or are going through the process of becoming an adoptive parent?

No Yes We need to see proof of this. See checklist at **Part 11**. Provide original documents only.

If 'Yes' please confirm date you were approved or date you will be approved.

How many rooms in your home are specifically for the use of or are going to be used for your adopted child/children?

Are you a care leaver?
A care leaver is a person who has been looked after for at least 13 weeks since the age of 14 and who was in care on their 16th birthday.

No Yes We need to see proof of this. See checklist at **Part 11**. Provide original documents only.

Are you terminally ill?

No Yes If 'Yes' please give details.

We need to see proof of this. See checklist at **Part 11**.

Have you been re-housed in a property that has too many bedrooms for your needs due to the following reasons?

No Yes

Reason	Please tick
To prevent homelessness	
Only property available	

We need to see proof of this. See checklist at **Part 11**.

Part 2 Priority Groups - *continued*

Have you signed a fixed term tenancy agreement from which you cannot be released unless you pay a penalty?

No Yes If 'Yes' please give details:

We need to see proof of this. See checklist at **Part 11**.

Do you need to live near your job because of unsocial hours/split shifts or where moving may mean living in an area where public transport would be inadequate to enable you to sustain your current job?

No Yes If 'Yes' please give details:

We need to see proof of this. See checklist at **Part 11**.

Do you have a future change in circumstances which would affect the under occupancy or housing benefit entitlement for example: birth of a child, children nearing their 10th or 16th birthdays, people nearing their 35th birthday or pension age?

No Yes If 'Yes' please give details:

Details of Change	Date of Change

We need to see proof of this. See checklist at **Part 11**.

Do you have a future change which would improve your financial circumstances enabling you to meet the shortfall in your rent for example: increase in welfare benefit, wage increase or people reaching 25 years of age?

No Yes If 'Yes' please give details:

Details of Change	Date of Change

We need to see proof of this. See checklist at **Part 11**.

Do you or your partner have a carer who stays overnight in your home?

No Yes

Is the overnight care provided by a carer (or team of carers) who live in your home?

No Yes

Do you have a spare bedroom that your carer uses to sleep in overnight?

No Yes

How often does your carer stay overnight in your home?

Full Name of carer

Address of carer

Postcode

Postcode

We need to see proof of this. See checklist at **Part 11**. Provide original documents only.

Part 3 About your previous address

Was this property: Your own house Privately rented Housing Association Living with family/friends

How much was your rent? £

Did you pay anything towards your rent? No Yes If 'Yes' how much did you pay each week? £

Please tell us why you left this address:

Have you moved in the last 12 months? No Go to Part 4. Yes

What was your previous address:
 Postcode

Part 4 About your present address

Landlord name

Address
 Postcode

Contact telephone number

Rent charged £

Rent reference number (if known)

Are you in arrears with your rent? No Yes

If 'Yes' please tell us how much, the period the arrears cover and any action your landlord has taken to recover the arrears.

How much:
What Period:
Action Taken:

We need to see proof of this. See checklist at **Part 11**. Provide original documents only.

If 'No' please tell us how you are managing to pay the shortfall.

Were you able to afford the rent when you moved into the property? No Yes

If 'Yes' tell us how you were able to afford the rent (e.g. were you in work)

Part 4 About your present address - *continued*

If 'No' tell us why you decided to take the tenancy.

Please give as much detail as possible.

Did you take steps to find out how much your Housing Benefit would be before you decided to take the tenancy?

No Yes

If 'Yes' please tell us why you thought the rent was affordable to you and explain how you have managed to pay the shortfall.

If 'No' please tell us the reasons you did not find out how much Housing Benefit you would receive and why you took the tenancy when you did not know if it was affordable to you.

Have you or someone on your behalf tried to negotiate a lower rent with your landlord?

No Yes

If 'Yes' please tell us the outcome.

If No please tell us your reasons for not doing so.

Is there anyone who can help you with your rent payments?

No Yes If 'Yes' please give details below.

Name:

Relationship to you:

How much:

How much notice is required to end your tenancy?

--

What date is your tenancy due to end?

/ /

Have you tried to find cheaper alternative accommodation?

No Yes

If 'Yes' please tell us about the accommodation you have considered and why you were not able to move.

If 'No' please tell us why not.

Please give as much detail as possible.

Part 4 About your present address - *continued*

Have you completed a Durham Key Options application?

No Yes If 'No' please give reasons why.

If 'Yes' please confirm the following:

Date of application:

Bids Placed: No Yes

Outcomes

Have you registered your housing requirements with an Estate Agent/Letting Service?

No Yes If 'No' please give reasons why:

If 'Yes' please confirm the following:

Name of Estate Agent/Letting Service	Date of Registration
	/ /
	/ /
	/ /

Have you viewed any properties in the last 6 months?

No Yes If 'No' please give reasons why:

If 'Yes' please confirm the following:

Address	Date Viewed	Outcome
	/ /	
	/ /	
	/ /	

Have you considered taking a lodger or sharing the property with a joint tenant?

No Yes

If 'Yes' please provide details of the outcome of your considerations.

If 'No' please tell us why this would not be an option for you.

Please give as much detail as possible.

Part 5 About your circumstances

If you have any outstanding debts have you taken any debt advice?

No Yes If 'No' please give reasons why:

If 'Yes' please confirm the following:

Who from	Date	Outcome

Are you waiting for the outcome of a Welfare Benefit Application?

No Yes If 'Yes' please confirm the following:

Which Welfare Benefit have you applied for:

Date of application:

/ /

Date of expected outcome:

/ /

Are you currently looking for employment?

No Yes If 'No' please give reasons why:

If 'Yes' please give details :

Tell us any future changes:

Part 7 Financial Information

Capital	You	Your partner	Any non dependant
Bank accounts	£	£	£
Building society/post office accounts	£	£	£
Other savings	£	£	£

We need to see proof of all of your capital. See checklist at **Part 11**. Provide original documents only.

Income	Amount	How often?	Proof needed
Net earnings from employment	£		No proof needed
Self Employed	£		No proof needed
Income Support/Job Seekers Allowance	£		No proof needed
Employment and Support Allowance	£		No proof needed
Pension Credit	£		No proof needed
Retirement Pension	£		No proof needed
Occupational Pension	£		No proof needed
Child Benefit	£		No proof needed
Child Maintenance	£		No proof needed
Child Tax Credit	£		No proof needed
Working Tax Credit	£		No proof needed
Maternity Allowance	£		No proof needed
Paternity Pay	£		No proof needed
Fostering Allowance	£		No proof needed
Adoption Allowance	£		No proof needed
Statutory Sick pay	£		No proof needed
Disability Living Allowance Care/Mobility	£		No proof needed
Personal Independence Payment Daily Living/ Mobility	£		No proof needed
Attendance Allowance	£		No proof needed
Carers Allowance	£		No proof needed
Industrial Injuries Benefit	£		No proof needed
Bereavement Allowance	£		No proof needed
Severe Disablement Allowance	£		No proof needed
War Pension	£		No proof needed
Income from lodgers	£		No proof needed
Income from other people in the household	£		No proof needed
Universal Credit	£		No proof needed
Other income (please state)	£		
	£		
	£		
Total	£		

Is any of the income stated above in respect of a disabled child? **No** **Yes** If 'Yes' please give details below:

Part 7 Financial Information - *continued*

Outgoings	Amount	How often?	Examples of proof needed
Rent you pay	£		Receipts/rent book
Service Charge	£		No proof needed
Council Tax you pay	£		No proof needed
Water Rates	£		Water rates bill
Gas	£		Utility bill/receipts
Electric	£		Utility bill/receipts
Other fuel	£		Utility bill/receipts
Groceries	£		No proof needed
Additional expenditure due to medical reasons (please state)	£		Receipts
			Receipts
			Receipts
			Receipts
Care package	£		Receipts/invoice
Home Insurance	£		Payment schedule/bank statement
Life Insurance	£		Payment schedule/ bank statement
Private Pension Payments	£		Bank statement
Travel claimant/partner			
• Reason for travel			
• Amount	£		Bus tickets/petrol receipts
Travel for children			
• Reason for travel			
• Amount	£		Bus tickets/receipts
Car – Insurance	£		Payment schedule/bank statement
Car – Road Tax	£		Renewal letter
Car – MOT	£		Receipts
Car – Maintenance	£		Receipts
TV licence	£		No proof needed
TV Rental	£		Rental agreement
Mobile Telephone	£		Bank statement/receipts
Landline	£		Bank statement/receipts
Internet/Broadband	£		Bank statement/receipts
Prescriptions	£		Receipts
Optician Charges	£		Receipts
Dental Charges	£		Receipts
Child Maintenance	£		Letter from CSA/bank statement
Childminding	£		Receipt/Letter from registered childminder
Children's after school/weekend clubs	£		No proof needed
Clothing	£		No proof needed
Pet Expenses	£		No proof needed
Sky/Digital TV	£		Sky Package Letter
• What date did you take your Sky/Digital TV contract out ?			
Other (please state)	£		
Total	£		

Are any of the outgoings stated above in respect of a disabled child **No** **Yes** If 'Yes' please give details below:

Part 7 Financial Information - *continued*

Loans or debts for example catalogues, credit cards and store cards, HP agreements, loans. Please provide your agreement.

Name of creditor	Date agreement taken out	Amount paid	How often	Balance owing	What was the loan/card used for?
	/ /	£		£	
	/ /	£		£	
	/ /	£		£	
	/ /	£		£	

Social Fund Loan	Date taken out	Amount paid	How often	Balance owing
	/ /	£		£

Court Fine(s)	Date fine imposed	Amount paid	How often	Balance owing
	/ /	£		£
	/ /	£		£

Part 8 Backdating

If you want us to consider making a Discretionary Housing Payment from an earlier date, **you must**, tell us when you want the Discretionary Housing Payment from and why you did not claim earlier.

Date you want to claim benefit from

Please tell us why you want us to pay Discretionary Housing Payment from an earlier date and why you did not claim earlier. Give as much detail as possible. We may need to write to you for more information.

From this earlier period were your circumstances the same as declared on this form? No Yes If 'No' we will write to you about this.

Part 9 Sharing Information with your landlord

Sometimes sharing information with your landlord helps us deal with your claim quickly.

If you give us permission, we would be able to tell your landlord:

- whether or not you had claimed a Discretionary Housing Payment and if so whether we had made a decision on your claim or not: and
- if we need further information to make a decision on your claim

There may be other information about your claim that we need to check with your landlord, such as details about your tenancy, before we can make a decision on your claim. If this is the case, we have to ask your landlord even if you have not given us permission to discuss your claim with them. Unless you have given us permission by signing this form, we will not discuss anything else with your landlord.

Part 9 Sharing Information with your landlord

We will not give your landlord any information about:

- your personal or household circumstances or
- your financial circumstances

If you do not give us permission to discuss your claim with your landlord, it will not affect your claim. If you give us permission but then change your mind, we will follow your wishes. Just contact us and let us know.

If you want to give us permission to discuss your claim with your landlord, please sign below.

I give you, (Durham County Council) permission to share my information about the progress of my Discretionary Housing Payment claim with my landlord or their representative.

Claimant signature

Date

Part 10 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can.

Please read this declaration carefully before you sign and date it.

I understand the following

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Discretionary Housing Payments. You may check some of the information with other sources as allowed by law.
- You may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations such as government departments, local authorities and private sector companies such as banks and organisations that may lend me money, if the law allows this.

I know I must let the Council know immediately about any changes in my circumstances which might affect my claim. See page 2 of the application form, Changes you must tell us about.

I declare the information I have given on this form is correct and complete.

Signature of the person claiming

Date

If this form has been filled in by someone other than the person claiming, tell us why.

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of person who filled in the form

Relationship to the claiming person

Signature of the person filling in the form

Date

Contact telephone number

Part 11 Checklist

If you cannot send the proof we need at the moment, send the form back to us now and send the proof later. We can start to process your claim, but we will not be able to make a decision until we have all the proof.

Use this space to tell us about any proof that you are sending later, the date you will be sending it and the reason for the delay.

Proof	Date you will be sending	Reason for delay
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Please do not send valuable items through the post. If you can, bring them into one of the offices listed on page 18. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

Please tick to tell us what proof you are sending with this form. We must see original documents, not copies.

Part 2

- Proof of the disability related equipment stored** We will accept confirmation from your Housing Provider or Housing Solutions and/or the Benefit Service will visit you.
- Proof of the special needs of you or any member of your household** We will accept letters from a medical professional explaining the special needs.
- Vulnerable and unable to or would take longer to move** Letter from a Registered Medical Practitioner/Consultant/Social Worker or other relevant professional giving full details of vulnerability and reasons why unable/take longer to move.
- Unable to share with your partner due to a disability/long term illness/medical condition** Letter from a Registered Medical Practitioner/Consultant/Social Worker or other relevant professional giving full details/reason why unable to share.
- Responsible for a Disabled Child, who requires bedroom of their own.** Letter from a Registered Medical Practitioner/Consultant/Social Worker or other relevant professional giving full details/reason why unable to share.
- Child not disabled but who requires a bedroom of their own** Letter from a Registered Medical Practitioner/Consultant/Social Worker or other relevant professional giving full details/reason why unable to share.
- Child Temporarily in Care/or with kinship care arrangements** Letter from Social Worker.
- Social Services Intervention** Letter from Social Worker.
- Access to a dependent child who does not normally live with you** Letter from the main carer of the child/children giving details of the child/children and the number of nights the parent has access.
- Proof of your role as a Foster Carer** We will accept a confirmation letter from Social Services which shows that you are a registered foster carer, the date of your registration and the date you last had a foster child in your care.
- Proof of adoptive parent** We will accept confirmation letter from Social Services which shows you have either become an adoptive parent or that you are going through the process of becoming an adoptive parent.
- Care Leaver** Evidence of care leaver status can be provided by a Social Worker, Young Persons advisor or Welfare Rights Service.
- Terminally ill** We will accept doctor's or consultant's letters, giving details of your illness and expected prognosis.
- Placement in a property with too many bedrooms** We will accept a confirmation letter from your Housing Provider/Housing Solutions confirming the reasons for the placement.
- Fixed Term Tenancy Agreement** Copy of tenancy agreement showing the fixed term period and penalty detail incurred should notice be given before the end of the period and a letter from landlord confirming request to terminate will be refused unless the penalty is paid.
- Unsocial hours/Split shifts** We will accept a letter from you confirming the details of why you need to live near your current job and why moving may mean that you are unable to sustain your current job.

Part 11 Checklist - *continued*

Part 4

- Rent Arrears and action taken to recover** We will accept a signed statement of arrears completed by your landlord, correspondence confirming any action i.e. court action, notice to quit, payment plan.

Part 5

- Proof of care arrangements** We will accept a letter from a medical professional explaining why regular overnight care is required. If the care is provided by Social Services a letter of confirmation from them. If care arrangements are private/family organised then we will accept a letter from the carer confirming their normal address and giving details of how often they stay over to deliver the care, along with a statement from you.

Part 7

- Proof of capital, savings and investments** We will accept your bank and building society statements, bank and building society or post office books, certificates for Premium Bonds, National Savings Certificates, ISA's, PEP's, TESSAs, stocks, shares, bonds and unit trust certificates. If there are any other adults in the household we need to see proof any savings or investments. Any bank statements you send us should cover the last two months.
- Proof of money paid out** We will accept statements from credit/store cards, catalogues, hire purchase agreements, personal loans, court orders. If you have contracts for satellite tv/mobile phones/gym membership or any other contracts please provide evidence of these and the date they are due to end.

How we collect and use information

We may check information you have provided, or information about you that someone else has provided, with other information held by us. We may also get information about you from certain third parties, or give information to:

- make sure the information is accurate
- prevent or detect crime
- protect public funds

These third parties include government departments, local authorities and private sector companies such as banks and organisations that may lend you money. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

Durham County Council is the data controller for the purpose of the Data Protection Act 2018. If you want to know more about what information we have about you, or the way we use that information, please ask us.

What to do next

When you have filled in the form, sign it and send it to us, with the proof we need to see to:

Revenues and Benefits, PO Box 238, Stanley, DH8 1FP

or you can bring the form and proof to us between the hours of 8.30am – 5.00pm Monday to Thursday and 8.30am – 4.30pm Friday (unless indicated otherwise) at:

Barnard Castle	2 Hall Street, Barnard Castle, Co. Durham, DL12 8JB Monday to Wednesday 10.00 am - 5.00pm & Friday 10.00am - 4.30pm
Bishop Auckland	Old Bank Chambers, 45 Market Place, Bishop Auckland, DL14 7NP 8.30am – 5.00pm Monday and Thursday, 8.30am – 4.30pm Friday
Chester-le-Street	The Cestria Hub, 166 Front Street, Chester Le Street, DH3 3AZ
Consett	Customer Services Access Point, 36-38 Front Street, Consett, DH8 5AQ
Crook	Civic Centre, North Terrace, Crook, DL15 9ES
Durham	Customer Services Access Point, Clayport, Millennium Place, Durham DH1 1WA
Seaham	Customer Services Access Point, St John's Square, Sophia Street, Seaham, SR7 7JE
Spennymoor	Council Offices, Green Lane, Spennymoor, DL16 6JQ
Stanley	Customer Services Access Point, Front Street, Stanley, DH9 0SU

You can also get in touch with Citizens Advice County Durham on the telephone numbers below, who will try to help you:

Barnard Castle	01833 631486
Bishop Auckland	01388 606661
Chester le Street	0191 3893000
Durham	0191 3842638
Peterlee	0191 5862639
Spennymoor	0844 4994123

Equality and Diversity Monitoring Form

Our aim is to be fair in everything we do. We will keep your information confidential and use it only to check that we treat people fairly whatever their background. You do not have to answer the questions if you do not want to but your answers do help us.

Are you: Male Female How old are you?

Do you consider yourself to have a long-term disability? No Yes
Long-term means that it has lasted, or is likely to last, for over a year.

What is your religion or belief?

Christian Muslim
Hindu Sikh
Jewish Buddhist
None Other religion
(Please say which)

How would you describe your sexuality?

Heterosexual/Straight Bisexual Other (Please say which)
Gay man Gay woman/Lesbian

What is your ethnic background?

Choose one section from A to E, then tick the appropriate box.

A. White British

English Scottish Welsh
Irish Northern Irish Any other white background (Please say which)

B. Mixed

White and black Caribbean White and black African White and Asian
Any other mixed background (Please say which)

C. Asian or Asian British

Indian Pakistani Chinese
Bangladeshi Any other Asian background (Please say which)

D. Black or black British

Caribbean African Any other black background (Please say which)

E. Travelling Community

Gypsy or Romany Irish traveller Other (Please say which)

**Durham County Council
Revenues & Benefits
PO Box 238
Stanley
DH8 1FP
Tel: 03000 26 2000
Fax: 01207 218 876
Website: www.durham.gov.uk/benefits**



0800 032 1663

**Email: benefitfraud@durham.gov.uk
Leave as much information as you can.**

Help us beat benefit fraud!

Please ask us if you would like this document summarised in another language or format.

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বাংলা (Bengali) हिन्दी (Hindi) Deutsch (German)
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03000 26 2000

www.durham.gov.uk

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