



**DISCRETIONARY HOUSING PAYMENT  
(EXTRA BEDROOM – DISABLED ADAPTATIONS)  
APPLICATION FORM**

|                                |  |
|--------------------------------|--|
| <b>Full name</b>               |  |
| <b>Address</b>                 |  |
| <b>Contact number</b>          |  |
| <b>Email address</b>           |  |
| <b>Benefit claim reference</b> |  |

### A. Information

1. Tell us why you need this extra help and how much you think you will need each week.

### B. Declaration

- I will tell you if any of the details on any of the letters you send me are incorrect.
- The information I have given is true and complete. If any of the information is found to be untrue, and it leads to any DHP award being overpaid, the Council can ask me to pay this back and may prosecute me.
- I will write to you straight away if there are any changes in my circumstances so that you can work out my benefit again. If I do not, and it leads to any DHP award being overpaid, the Council can ask me to pay it back and may prosecute me.

**Please sign/date the form below** (if you have a partner they should also sign/date below).

|                 |                      |             |                      |
|-----------------|----------------------|-------------|----------------------|
| <b>Claimant</b> | <input type="text"/> | <b>Date</b> | <input type="text"/> |
| <b>Partner</b>  | <input type="text"/> | <b>Date</b> | <input type="text"/> |