Deputy Chief Executive's Department,
Council Offices,
Foster Avenue,
Beeston, Nottingham. NG9 1AB
Telephone: 0115 917 7777
E-Mail: Qualityandcontrol@broxtowe.gov.uk
Website: www.broxtowe.gov.uk
Date Sent:

CRISIS AND RESILIENCE FUND HOUSING PAYMENT QUESTIONNAIRE

Personal Details

Name:	
Current Address:	
Postcode:	
Tenancy start date:	
Tenancy end date:	
Number of Bedrooms	
Date of Birth:	
Reference:	
Email Address:	
Telephone no:	

Current weekly rent: £_____
Amount of Housing Benefit /Universal Credit Housing Element in payment: £_____
Shortfall: £_____

**** Please provide a copy of your tenancy agreement confirming this amount if you rent from a Housing Association or a Private Landlord****

Do you require help with Rent in Advance/ Rent Deposit to move into a new property? yes ☐ no ☐

If yes, how much do you require: £_____ ***Please provide confirmation of this amount***

Please provide the address of the new property: _____

_____

_____

Please advise if you will receive any monies back for Rent Deposit for your current property once the tenancy ends? yes ☐ no ☐ If so how, much? _____

Please note:

Applications for Rent in Advance or Rent Deposit assistance will only be considered where you are currently in receipt of Housing Benefit or Universal Credit, including the Housing Costs Element, for your existing accommodation. Applications must be submitted and approved before a tenancy agreement is signed or you move into the property.

If an award is approved, written confirmation of the amount awarded will be issued to you. This letter should be provided to your landlord or letting agent as confirmation that payment has been approved. Payment will be made directly to the landlord once a signed tenancy agreement and a completed Change of Address form have been received.

_____

Do you require help with Moving Costs into a new property? yes ☐ no ☐

If yes, please provide copies of x3 Moving Costs quotes which clearly detail the amount to be charged, the work involved and the company/organisation's name and address. Please also note the quotes should be dated within the last month.

1. _____
2. _____
3. _____

_____

What was your previous address?

_____
_____
_____

Why did you move? _____

Was this a council property? yes ☐ no ☐

What was your weekly rent? £ _____

Did you receive housing benefit? yes ☐ no ☐

If yes, how much? _____

Did you ask how much Housing Benefit/Universal Credit Housing Element you may receive or look at the Local Housing Allowance rates before moving?

yes ☐ no ☐

If no, why not? _____

Have you tried to negotiate a lower rent with your landlord? yes ☐ no ☐

If yes, what was the outcome? _____

If no, why not? _____

How much notice must you give your landlord? _____

What are your current rent arrears? £ _____

****Please provide confirmation of this amount dated within the last month****

Is there a risk of you becoming homeless? yes ☐ no ☐

Have you been served with a notice to quit? yes ☐ no ☐
Please provide a copy of this.

If yes, what date must you leave the property by? _____

Have you considered moving to cheaper accommodation? yes ☐ no ☐
If no, please advise why not. If yes, what have you done?

_____
_____
_____

Are you on a Council/Housing Association waiting list? yes ☐ no ☐

If you are registered on the Councils Housing Waiting list have you been issued with a bidding number and are you actively bidding on properties? yes ☐ no ☐

If no, why not?_____
_____

Have you been offered any properties? yes ☐ no ☐

If yes, why did you not accept the property?

_____
_____

If you have received a Crisis and Resilience Fund Housing Payment previously and it was advised that you should register on the Council's Housing Waiting List, but you have not done this, please advise why not.

_____

_____

Details of Relationships and Dependents

Is there anyone else who could help you with the rent? yes ☐ no ☐

If yes, please state who: _____
_____

Does anyone else live with you? (e.g. adult children/lodgers) yes ☐ no ☐

If yes, please state their name, date of birth and weekly income:

1. Name: _____ Date of Birth: _____ £
2. Name: _____ Date of Birth: _____ £
3. Name: _____ Date of Birth: _____ £
4. Name: _____ Date of Birth: _____ £

How much do they contribute towards your rent/household expenses?

1. £ _____ per week 3. £_____ per week

2. £ _____per week 4. £_____ per week

Are they willing to help further? yes ☐ no ☐

If they do not contribute towards the rent/household expenses, please advise why not

_____
_____

If you have children, where are they going to nursery/school/college?

1. _____

2._____

3. _____

4._____

Do you pay any childcare costs? yes ☐ no ☐

If yes, please give details and provide confirmation of these amount/s:

_____
_____

Do you or any of your family have disabilities/health problems? yes ☐ no ☐

If yes, please state below who has the disabilities/health problems and what they are;

_____
_____
_____

Please confirm if these disabilities/health problems require you to pay any Care Costs. If so, please state the amounts and what they are for. i.e. home-help, overnight carer etc.

_____
_____
_____
_____
_____

Has the property been adapted for these disabilities? yes ☐ no ☐

Has there been a death in your home in the last 12 months? yes ☐ no ☐

If yes, please state their relationship to you:

_____
_____
_____

Why did you choose your present accommodation?
(e.g. close to family, shops etc.)

_____
_____
_____
_____
_____

PLEASE GIVE DETAILS OF YOUR INCOME:

All benefits should be entered in full and will be taken into account when considering your application. Any deductions (e.g. social fund loans) should be listed as expenses. Please specify the frequency of payments e.g., weekly, monthly etc.

ITEM	**AMOUNT £**	**FREQUENCY**	**OFFICE USE**
Net earnings (after income tax and national insurance)			
Jobseeker's Allowance			
Universal Credit *			
Personal Independence Payment			
Retirement Pension – self			
Retirement Pension – partner			
Pension Credit			
Private Pension			
Widowed Mothers Allowance			
Carers Allowance			
Attendance Allowance			
Child Benefit			
Maternity Benefit			
Statutory Sick Pay			
Maintenance received			
Monies from Household Members			
Student grant(s)			
Charitable/voluntary payment			
Other (please specify)			

SAVINGS AND INVESTMENTS

***Please note*: We cannot assess or consider your application until suitable evidence of your savings and investments, or confirmation that you have no savings, has been received.**

Please state the total value of any savings and investments you hold, including bank and building society accounts. Evidence of all savings and investments must be provided.

Total value: £ _____

If you do not have any savings or investments, you must provide a recent bank statement confirming this.

PLEASE GIVE DETAILS BELOW OF ALL YOUR EXPENSES:

This is your opportunity to give full details of where you spend the money you receive.
It is important that you think about this carefully and are as accurate as possible.
Where you do not have actual figures, please give your best estimate e.g. if you have not yet had a gas bill.

**** Please specify amount and frequency of payments e.g., weekly, monthly etc.****

HOUSEHOLD	AMOUNT £	FREQUENCY	OFFICE USE
Rent (after benefit)			
Council Tax (after benefit)			
Contents Insurance			
Water Rates			
Electricity			
Gas			
Solid Fuel Heating			
Pets			
Telephone - Landline			
Telephone - Mobile			
Food			
Household Items e.g. washing powder, cleaners			
Clothing			
Care Needs – please specify: e.g. personal care, cleaning, gardening, costs to help with everyday living etc.			
Other Personal Expenses – please specify:			

HOUSEHOLD	AMOUNT £	FREQUENCY	OFFICE USE
Other General Expenses – please specify:			

TRANSPORT	AMOUNT £	FREQUENCY	OFFICE USE
Bus Fares			
Taxis			
Petrol			
Motor Vehicle Tax			
Motor Vehicle Insurance			

FINANCIAL MATTERS			
Hire Purchase			
Bank Loan			
Overdraft			
Credit Card repayments (minimum amount due)			
Maintenance Payment Order			
County Court Order			
Other Fines			
Social Fund Loan/Budget Loan			
Life Insurance			
Catalogue Payments			

ENTERTAINMENT			
TV Subscriptions			
TV licence			
Cinema/Theatre/Days Out etc.			

ARREARS

If you have any other debts which you are not currently making payments for or debt repayments attached to your benefits, please give further details.

****Please note you will need to provide confirmation of these debts dated within the last month and confirm when the last payment/s are due ****

TYPE OF DEBT	BALANCE (£)	PAYMENT £)	FREQUENCY	LAST PAYMENT

TYPE OF DEBT	BALANCE (£)	PAYMENT £)	FREQUENCY	LAST PAYMENT

If you have any debt repayments attached to your benefits, please detail these below:

TYPE OF DEBT	TOTAL AMOUNT OWED (£)	AMOUNT DEDUCTED	FREQUENCY WEEKLY/MONTHLY

Please be aware, if an award is made, payments are generally made direct to your landlord; Therefore, please provide the following information which may be used if an award is made:

Landlords/ Lettings Agents Account Name: _____
Landlords/ Lettings Agents Sort Code: _____
Landlords/ Lettigs Agents Account Number: _____
Landlords/Lettings Agents Name and Address: _____
_____
_____

Please also provide your bank account details for reference if it is decided a payment should be made direct to you:

Account Name: _____
Sort Code: _____
Account Number: _____

ABOUT YOUR RENT

If you are currently in rent arrears, please provide a full explanation below, including how and when the arrears arose. Please also confirm whether the arrears relate to your current tenancy or a previous tenancy.

Please note: Confirmation of any rent arrears, dated within the last month, must be provided in accordance with the requirements detailed on page 4 of this application form. Failure to provide this evidence may delay the assessment of your application

Amount of rent arrears: £ _____
Explanation:

_____
_____
_____
_____

Using the space below, please explain the financial hardship you would experience if you were not awarded additional assistance towards your rent. You should include details of how this would affect your ability to maintain your tenancy and meet your essential household expenses.

Please also provide details of any exceptional or unforeseen circumstances that you believe should be taken into consideration when assessing your application.

_____
_____
_____
_____
_____
_____
_____
_____
_____

A Crisis and Resilience Fund Housing Payment is generally intended to provide short-term financial assistance. Please explain how long you believe you will need this support and outline the steps you are taking, or intend to take, to improve your financial situation and meet your rent payments without further assistance.

_____
_____
_____

_____
_____

If you have not considered moving to more affordable accommodation, please explain how you expect to sustain your tenancy in the long-term using your own income and resources, without the need for additional financial support.

_____

Please enter in the space below any other information you would like to supply in support of your claim.

_____
_____

It may be necessary to contact or share information of your application with your landlord and notify them if an award is made.

Do you agree to this? yes ☐ no ☐

It may be necessary to contact the Department for Work & Pensions and other organisations about your application.

Do you agree to this? yes ☐ no ☐

It may be necessary to refer you to the Citizens Advice and/or the Council's Financial Inclusion Officer for budgeting, money management, or debt advice. This support may help identify ways to improve your financial circumstances and sustain your tenancy in the future.

Do you agree to this? yes ☐ no ☐

If you have previously received a Crisis and Resilience Fund Housing Payment and were advised to seek budgeting or money management support, please confirm whether you accessed this advice and outline the outcome, including any steps you have taken to improve your financial situation.

_____
_____
_____
_____
_____
_____
_____
_____

If you have not obtained this advice, please advise why not. _____
_____
_____
_____
_____
_____
_____

If you are in receipt of Universal Credit please send in confirmation of your current tenancy agreement and a copy of your Universal Credit Award with the Housing Element Award dated within the last month. Please note it may be necessary to provide additional Universal Credit information once your application has been received

Please Note:

- Any award made is discretionary and, where applicable, payments will normally be made directly to your landlord or letting agent.
- If you do not have any savings or investments, you must provide a recent bank statement, dated within the last month, as evidence of your financial circumstances.
- If you have any savings or investments, you must provide up-to-date evidence confirming the current balances held.
- If you wish to provide any additional information in support of your application, please include it when submitting your completed form.
- We may request further evidence or clarification regarding information provided in your application. Failure to provide the requested information within the specified timescale may result in your application being withdrawn or unable to be assessed.
- If a Rent in Advance or Rent Deposit award is approved, you will receive written confirmation of the amount awarded. Payment will be made directly to the landlord upon receipt of a signed tenancy agreement and a completed Change of Address form.

Obtaining further financial advice

If you are struggling to pay day-to-day bills, or keep up with loan repayments or other financial commitments and require further help and advice, the Money Advice Service (MAS), is a free, confidential and impartial independent online service set up by the government to help people manage their money better and includes information on where local advice can be obtained. To access this online service, please use the link shown below;

www.moneyadviceservice.org.uk

If you do not have internet access, please contact the Council for further assistance to use this service.

Please sign and date the declaration.

I confirm that the information given is correct to the best of my knowledge.

Signed: _____ Date: _____

Please return your completed application form and supporting information/evidence to:

Quality & Control Section
Deputy Chief Executive's Department
Broxtowe Borough Council
Council Offices
Foster Avenue
Beeston
Nottingham
NG9 1AB
Or email the completed form to : Qualityandcontrol@broxtowe.gov.uk

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