# **Annex XX - Tenancy Hardship Grant (thg) application Form**

**Please complete all shaded areas.**

|  |  |  |
| --- | --- | --- |
| **Claim No.: (official use)** |  | |
| **Date claimed: (official use)** |  | |
|  |  | |
| **Address** |  | |
|  | Local authority |  |
|  | Postcode |  |
| **Telephone:** |  | |
| **Email:** |  | |

**Landlord or agent’s details:**

|  |  |
| --- | --- |
| **Name** |  |
|  |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Please tell us why you are applying for a THG? (***please tick all that apply – this is to provide the local authority with information on your immediate need for housing assistance***)** | |
| I have more than 8 weeks of rent arrears between 1st March 2020 – 30th June 2021 which were caused by Covid-19 and I can explain and evidence this. |  |
| I live in a private rented property and have been unable to address my rent arrears caused by Covid-19. |  |
| I was not in receipt of housing related benefits when my rent arrears built up. |  |
| I am not currently in receipt of housing related benefits. |  |
| I have been served a notice of eviction by my landlord or agent and am at risk of homelessness.  I have spoken to my landlord or agent about my rent arrears, and I have been unable to agree an affordable repayment plan. |  |
|  |

**Rental information**

I pay £\_\_\_\_\_\_\_\_\_\_\_\_rent per calendar month/week (delete as appropriate)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Breakdown of Rental Arrears by monthly rental period from 1st March 2020 to 30th June 2021:   |  |  |  | | --- | --- | --- | | From | To | Monthly rent (£) | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Total value of rent arrears £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The reason I have got into rent arrears because of Covid-19 is:   |  | | --- | |  | |

I confirm that the information provided on the value of my rent payment, arrears and reason is correct and understand that this will be verified with my landlord or agent.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **About you and your Household**

**About you and your partner**

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Partner** |
| **Name:** |  |  |
| **Date of Birth:** |  |  |
| **NI number:** | *National insurance number* | *National insurance number* |
| **Employment status:** | *E.g. employed, unemployed, self-employed etc* | *E.g. employed, unemployed, self-employed etc* |
| **I work for:** | *Name of company* | *Name of company* |
| **Type of contract:** | *Permanent/ Fixed term/ Zero hours* | *Permanent/ Fixed term/ Zero hours* |
| **My average monthly net income before Covid-19 was (£):** | *Net income is the amount after deductions such as income tax* | *Net income is the amount after deductions such as income tax* |
| **My average monthly net income during Covid-19 was (£):** | *Net income is the amount after deductions such as income tax* | *Net income is the amount after deductions such as income tax* |
| **Average hours worked per month before Covid-19 was:** |  |  |
| **Average hours worked per month during Covid-19 was:** |  |  |
| **Number of dependants:** |  |  |
| **Ages:** |  |  |

**About other people in the household – non dependants**

**If there are no other people in your household place n/a in the boxes.**

|  |  |  |
| --- | --- | --- |
|  | **First Person** | **Second Person** |
| **Name:** |  |  |
| **Age:** |  |  |
|  |  |  |
| **Monthly net income** | *Net income is the amount after deductions such as income tax* | *Net income is the amount after deductions such as income tax* |
| **ESA/JSA/Universal Credit/Pension credit claimant?** | Yes/No | Yes/No |
| **Contribution towards household costs? (value £)** |  |  |

**Financial Details**

*For the period that your rent arrears built up, during Covid-19, please fill in the necessary financial information requested.*

**Income:**

In the “Pay Period” column enter a character representing **M**onthly/ **W**eekly/ **F**ortnightly/**Q**uarterly/**6**-Monthly/**Y**early/**I**rregular. Net income is the amount after deductions such as income tax.

Include any benefit you receive as income.

Include the contribution towards household costs from non-dependants shown above (if applicable).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pay Period** | **Net income** | **Amount** | **Type of Income (Benefit/Wages)** | **Description  (Income Support/Salary)** |
| *W* | *N* | *£110.00* | *Wages* | *Anyco Ltd (example)* |
|  |  |  |  |  |
|  |  |  |  |  |
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**Outgoings:**

In the “Due” column enter a character representing **M**onthly/ **W**eekly/ **F**ortnightly/ **Q**uarterly/ **6**-Monthly/**Y**early/**I**rregular.

|  |  |  |  |
| --- | --- | --- | --- |
| **Due  (M/W/F/Q/6/Y/I)** | **Amount** | **Type of Payment (Rent, Water etc)** | **Description  (Company paid)** |
| *W* | *£45.00* | *Electricity* | *UK Electric (example)* |
|  |  |  |  |
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**Savings:**

If you have savings, but they are earmarked for an important item, please indicate below and provide a reason.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Amount** | **Institution** | **(Reference)** | **Earmarked for important item value & reason** |
| *Bank savings A/C*  *(example)* | *£2,000* | *Barclays* | *20-14-10 39284701* | *Yes/No*  *Value £*  *Reason* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Declaration**

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

1. **I declare** that I have read and understood the eligibility and evidence requirement for applying for a THG and the information given on this form is true and accurate.
2. **I agree** that the local authority may make enquiries necessary to check the information I have given.
3. **If it is discovered that payments have been made in error or have been claimed as a result of fraud, recovery action will be taken and prosecution will be initiated.**
4. **I agree** to provide the evidence to support my application including my income/expenditure when requested, and further information relating to my application where asked.
5. **I understand** that the local authority will need to review my application and verify the details with my landlord or agent, before it can be considered.
6. **I understand** that the local authority will check that my landlord is registered with Rent Smart Wales, and will report any unregistered properties.
7. I have not already received a Tenancy Saver Loan (TSL) or a grant towards the rent arrears that I am applying for help with through this application.
8. **I understand** that my application might be unsuccessful, and that I will be provided with the reason why.

**Name in full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Office Use Only – evidence & review**   |  |  |  |  | | --- | --- | --- | --- | |  | **Evidence checked Y/N** | **Signed** | **Date** | | **Verified applicant’s Identity** |  |  |  | | **Verified tenancy details and address** |  |  |  | | **Property is registered with RSW** |  |  |  | | **Applicant not eligible for Discretionary Housing Payment** |  |  |  | | **Applicant rent arrears period valid for THG** |  |  |  | | **Applicant confirmed they have not already received a grant for rent arrears claimed** |  |  |  | | **Satisfied that applicant rent arrears due to Covid-19** |  |  |  | | **Rent arrears value verified with landlord or agent** |  |  |  | | **Landlord or agent bank details collected** |  |  |  | |
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| --- | --- | --- | --- | --- | --- |
| **Grant award/rejection** |  | | | | |
|  | **Amount** | | **Date** | | |
| **Monthly Rent** |  | |  | | |
| **Rent arrears total** |  | |  | | |
| **Decision** | Award THG | | Reject THG | | |
| **Lump Sum Award value (£)** |  | |  | | |
| **Reason for rejection** |  | | | | |
| **If decision to award, landlord or agent bank details verified?** | Yes |  | | No |  |
| **Decision issued to customer?** | Yes |  | | No |  |
| **Payment date** |  | | | | |
| **Signed:** | | | **Date:** | | |
| **Counter signed:** | | | **Date:** | | |