Funded by UK Government

ENFIELD Council

Application for Discretionary Financial Support under the Crisis and Resilience Fund

This application may be considered for Housing Payments, Council Tax Support Hardship and Crisis Payments depending on your circumstances.

Please save the document to your device before completion. You can then email the form as an attachment. Email to revs@enfield.gov.uk.

To deal with your application as quickly as possible you need to provide proof of any rent arrears, debts, medical conditions, bank statements and any notice of eviction.

Housing Benefit or Universal Credit reference number		
Name		
National Insurance Number		
Date of birth		
Telephone number		
Email address		
Address of Property		Date moved in
Landlord details	Name, Address and Telephone Number	Email address

Please answer the following questions	
How did you find this home	I found it myself ☐ Supported by Enfield Council ☐ Supported by another Council ☐
When you moved in, how did you expect to pay the full rent?	
If you have rent arrears please state how much	£

Do we have permission to contact your landlord about your rent?	Yes ☐ No ☐	
Have you been served with an eviction notice?	Yes ☐ No ☐	If Yes, please send your eviction notice with your application and provide the date. Date
Has your home been adapted to meet a disability need?	Yes ☐ No ☐	If Yes, what adaptions have been made?
Have you taken steps to reduce your housing costs? e.g. trying to move.	Yes ☐ No ☐	If Yes, please explain
Is there a reason why you are unable to move to a more affordable property, e.g health problems?	Yes ☐ No ☐	If Yes, please explain
If the above reason is short term, when do you expect to be able to move?	Date	
Have you made a claim for Benefit that you are waiting to hear about?	Yes ☐ No ☐	If Yes, please state which
Is your income reduced by the Benefit Cap or the under-occupancy reduction in the social sector or are you affected by LHA Restrictions?	Yes ☐ No ☐	If Yes, please state which
Are you an approved or prospective foster carer?	Yes ☐ No ☐	
Are you a full time Carer for somebody who receives Disability Benefits?	Yes ☐ No ☐	Who do you care for?
Are you facing a short-term crisis such as a bereavement or moving for your own safety?	Yes ☐ No ☐	If Yes, please explain
Do you or someone in your household have long term health issues?	Yes ☐ No ☐	Who is the person?

Weekly Outgoings	**Weekly amount**	**Monthly amount**
Rent and Council Tax		
Household shopping		
Phone costs		
Personal or/and Home Insurance		
Health/medical charges		
Water rates		
Gas		
Electricity		
TV Licence		
Cable/Sky subscription		
Maintenance/Child Support payments.		
Newspapers/magazines		
Catalogue/club payments		
Cigarettes/Tobacco/Alcohol		
Pet care costs		
Loan/Credit card repayments		
Car costs (petrol and running costs)		
Fines		
Travel expenses		
Clothing/School Uniform		
School dinners		
Other School/club expenses		
Childminding fees		
Pension contribution		
Regular Savings		
Other Expenditure		

Your Income		**Net Weekly/Monthly Income**
Name and address of your employer		
Name and address of your partner's employer		
Do you receive any DWP Benefits? e.g Universal Credit, Income Support, Personal Independence Payment (PIP)	Yes No	Please list all Benefits received

Have you received a Social Fund payment or Universal Credit advance?	Yes ☐ No ☐	If Yes, state how much
Do you receive Child Maintenance?	Yes ☐ No ☐	If Yes, please state the amount
Do you receive any other income?	Yes ☐ No ☐	If Yes, please state the amount
Is there anyone else who can help you with your rent payments?	Yes ☐ No ☐	If Yes, please provide details
What action have you taken to improve your situation?		
The Housing Payment may be paid to your account or your landlord's account. Please provide details for the account you would like the payment paid into. We may at our discretion decide to pay the payment direct to your landlord.	Account Number Sort Code	Bank/Building Society Name Account holder name
Do you have a designated Officer assigned to you, e.g a social worker?	Yes ☐ No ☐	If Yes, please provide their name and contact details
Please list all other household members	Name and date of birth	Relationship to you

Declaration		
By submitting this application, I am requesting consideration for any discretionary financial support available through the Council's Crisis and Resilience Fund, including Housing Payments, Council Tax Support Hardship and Crisis Payments where appropriate.	Name	Date