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 agen	t's details:
Name	
Address:	
Address:	
Address:	
Address:	
Address: Telephone:	

	e applying for a THG? (please tick prity with information on your imme	
	of rent arrears between 1 st March 2 y Covid-19 and I can explain and e	
I live in a private rented pro arrears caused by Covid-1	operty and have been unable to add 9.	dress my rent
I was not in receipt of hous	ing related benefits when my rent a	arrears built up.
I am not currently in receip	t of housing related benefits.	
I have been served a notice of homelessness.	e of eviction by my landlord or ager	nt and am at risk
I have spoken to my landlo unable to agree an afforda	rd or agent about my rent arrears, a	and I have been
Rental information		
Breakdown of Rental Arrea	urs by monthly rental period from 1s	t March 2020 to 30th
June 2021:		
June 2021: From		onthly rent (£)
From	To M	
	To M	
From Total value of rent arrears	To M	onthly rent (£)
From Total value of rent arrears	To M	onthly rent (£)
Total value of rent arrears The reason I have got into I confirm that the information	To M	onthly rent (£) s: payment, arrears and

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	Net income is the amount	Net income is the amount
income	after deductions such as	after deductions such as
	income tax	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)

Outgoings:

In the "Due" column enter a character representing Monthly/ Weekly/ Fortnightly/ Quarterly/ 6-Monthly/Yearly/Irregular.

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)

Savings:

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

Туре	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:			

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			

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		1
Signed:		Date:
Counter signed:		Date: