

For Official Use Only

Title	Customer Name	Form Filename	<input type="text"/>
<input type="text"/>	<input type="text"/>	Form Reference	<input type="text"/>
DOB	NINO	Notes	V1
<input type="text"/>	<input type="text"/>	<div style="border: 1px solid black; height: 150px;"></div>	
TEL	<input type="text"/>		
Email	<input type="text"/>		
Customer Address	<div style="border: 1px solid black; height: 50px;"></div>		
Date Form Started	<input type="text"/>		
Date of E-signing	<input type="text"/>		
Date Submitted	<input type="text"/>		
Data Validation Ref	<input type="text"/>		
Occupancy type	<input type="text"/>		
Advisor Name (who started form)	<input type="text"/>		
Advisor Department	Claim Num / Ref	<input type="text"/>	
<input type="text"/>	CTax Num / Ref	<input type="text"/>	

Please read these guidance notes before completing your application form.

How to use this online form

This form uses the latest internet technology to make it quick and easy for you to complete and submit an online application. The form will help and guide you through your application and make sure it is filled in correctly. Once opened on the internet, you can fill in and save the form off-line. Reconnection to the internet is only required when submitting the completed form.

You can move between pages by using the **Next** and **Back** buttons, or directly to pages using the **Select Page** menu.

Dates: All dates on this form should be entered in the DD/MM/YYYY format, you should enter numbers using your keyboard separated by the / symbol.

Submitting the form: When you have completed the form and it is free of errors, pressing the **Submit** button will send the data over the internet to us, so that we can begin processing your form immediately.



Help icons built into the form will also help guide you through the application, for further help in using this form click on the **Help** button on the control panel on the left.

What are Discretionary Housing Payments?

These are extra help for people who receive housing benefit and **Universal Credit Housing Costs Element** who appear to need further help to meet their rent payments. These are not intended to be long term ongoing payments; they are awarded on a short term basis while you take action to improve your circumstances

How do I get Discretionary Housing Payments?

To be considered you must complete the attached form and send this to the Councils' revenues and benefits section along with supporting documentary evidence.

What will I need to tell you?

When you complete the form we will need to know why you think you should get an additional payment towards your rent, what your circumstances are, any action you have taken to help yourself and anything else you think may help us make a decision. You should supply as much detail as possible so that we fully understand your situation.

You will also need to tell us about all the money you have coming into your household (income) and all the money you pay out each week (expenditure) and if possible provide your last two months bank statements.

When you have completed and returned the form we will consider all aspects of your circumstances before we decide if we can award you a discretionary housing payment. We may wish to visit you at home or ask you to come into the office to discuss your application further.

How will the benefits section make a decision about Discretionary Housing Payments?

We will consider all requests while trying to ensure that payments are made to those most in need. There is no list of circumstances that will automatically qualify you for an award. Each request will be considered on its own merits, but you will need to demonstrate that you do not have the means to pay the shortfall in your rent yourself and that you have not intentionally taken on a tenancy that you knew you could not afford. Wherever it is possible and reasonable to do so, you will be expected to take steps to improve the circumstances that have led to the need for a discretionary payment, for example - finding more affordable accommodation.

You can make a claim for Discretionary Housing Payments if you are in receipt of Universal Credit, but **ONLY** where Housing Costs are paid in your Universal Credit payment.

Can I claim Discretionary Housing Payments to cover all my housing costs?

Discretionary Housing Payments cannot be awarded for any of the following:

- Ineligible service or support charges (water, fuel, meals etc)
- Any rent you have to pay if you do not qualify for Housing Benefit
- Increases in your rent to cover rent arrears
- Reductions of any benefit as a result of child support, non attendance at a work focused interview; employment sanctions or breach of community service orders
- Shortfalls caused by Housing Benefit overpayment recovery
- **To help pay your Council Tax or any Council Tax arrears**

How much money can I get?

Discretionary Housing Payments will be paid at the discretion of the Council, but they cannot be greater than your weekly rent. For example if your eligible rent is £50.00 per week and your entitlement to Housing Benefit is £45.00, the maximum Discretionary Housing Payment you can get is £5.00 per week.

Discretionary Housing Payments are strictly limited each year. If a payment is awarded, it will last for a specified period of time. Once the period ends you can apply for another Discretionary Housing Payment award and this will be considered. Reported changes in circumstances can also reduce or end your award early, therefore the Local Authority must be advised of all changes as they occur.

If you are awarded a Discretionary Housing Payment and we later find out you should not have been entitled to it, we may ask you to return the money.

What if you turn my request down?

If your application for a Discretionary Housing Payment is turned down and there is something you feel we have not considered or were not aware of; we will look at our decision again if you write to us within one month of the date that we inform you that your claim has been refused.

I want to apply

If you wish to proceed with an application for Discretionary Housing Payments, please complete all sections of this application form and submit it to the Councils' Revenues and Benefits Service.

Changes you must tell us about straight away

You must tell the Councils' Revenues and Benefits Service immediately of any changes in circumstances affecting you, your partner or anyone else living in your home. For example:

- any of your children leave school or leave home
- anyone moves into or out of your home, including lodgers, sub-tenants and joint tenants
- your income or the income of anyone living with you, including benefits, changes
- your capital or savings change
- you or anyone living with you becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison, or changes or leaves employment
- your rent changes
- you move
- you or your partner are going to be temporarily absent from your home
- you or anyone living with you starts work
- you receive any decision from the Home Office, **or**
- anything you have told us about changes

If you do not tell us about any changes, you may lose money you are entitled to or you may get too much money. You must make sure that **you** tell us about any changes. Do not rely on someone else to pass the message on.

Privacy Notice

Flintshire County Council will use the information you give in this form, and any supporting evidence you send, to process your claim for Discretionary Housing Payments. This is required under Discretionary Financial Assistance regulations.

This information will be held securely on our system for a period of 7 years after your claim has been terminated.

Flintshire County Council may pass the information to other agencies or organisations such as the Department for Work and Pensions (D.W.P) and the HM Revenue & Customs (H.M.R.C), as allowed by the law.

Flintshire County Council may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give information to them to:

- make sure the information is accurate
- prevent or detect crime, and
- protect public funds.

Information received from HMRC and/or DWP that indicate a change of circumstances may result in your benefits being adjusted automatically by our system.

Flintshire County Council will not give information about you to anyone else, or use information about you for other purposes, unless the law allows this.

If you feel that Flintshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or by calling their helpline on 0303 123 1113.

For further information about how Flintshire County Council processes personal data and your rights please see our privacy notice on our website - <http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx>

Application For Discretionary Housing Payment

About you

Title	<input style="width: 100%;" type="text"/>
Surname or family name	<input style="width: 100%;" type="text"/>
Other names	<input style="width: 100%;" type="text"/>
Benefit Claim Number / Ref	<input style="width: 100%;" type="text"/>
Address, including room number if you have one	<input style="width: 100%; height: 40px;" type="text"/>
	Postcode <input style="width: 40%; border: none;" type="text"/> <input style="width: 60%; border: none;" type="text"/>
Telephone	<input style="width: 100%;" type="text"/>
Mobile	<input style="width: 100%;" type="text"/>
Email address	<input style="width: 100%; height: 30px;" type="text"/>

Other Household Members / Dependents

Number of household members / dependents

Name	Date of birth	Age	Relationship to you	Working / receiving income based benefits	N.I. Number

Have you been told that your Housing Benefit award has been, or will be reduced for any of the following reasons:

- Your landlord is the council or a housing association and you have been told that you are over-accommodated (this is often referred to as a bedroom tax)
- You have been affected by the changes to the Local Housing Allowance provisions (If you are unsure the Housing Benefit service will be able to give you more information.)
- You have been told that your Housing Benefit will be reduced because the total amount of state benefits you are receiving is too high. (This is known as the overall benefit cap).
- None of the above apply to me.

About your circumstances

- 1 What enquiries did you make prior to occupying this address as to the level of Housing Benefit that may be awarded?
- 2 When did you move to this address?
- 3 Could you afford the rent when you first moved in? No
Yes

About your circumstances (continued)

4 Have you tried to negotiate a lower rent with your landlord? If **Yes**, what was the outcome? If **No**, why not? No Yes

5 Did you pay a deposit or rent in advance to secure this tenancy? If **yes**, how much? No Yes How much?

6 What was your previous address?

Postcode

7 Why did you leave your previous address?

8 How long would you need this extra help for?

9 When do you need the extra help from?

10 How much can you afford to pay towards your rent? per month

11 Do you have any rent arrears? No Yes How much?

12 What period do the rent arrears cover? From To

13 How and why have the arrears occurred?

14 What action has your landlord taken to recover your rent? Please send us proof of any action.

Court action Notice to quit
 Notice seeking possession A payment plan
 A letter Other

If **other**, please specify:

15 Please tell us how your accommodation is suitable for you and your family.

16 Please tell us how the area is suitable for you and your family.

17 Do you or a member of your family have mobility problems which mean you need easy access to public transport or shops, etc? If **yes**, please provide details: No Yes

18 Have you or a member of your family any health problems or disabilities? If **yes** - please give details. Also enclose any supporting evidence when you return this form (Doctors letter, hospital or clinic appointments, medical certificates) No Yes

About your circumstances (continued)

19 Has there been a death in your household in the past 12 months? If **yes** - please give details.

No
Yes

20 Have you considered / tried moving to cheaper accommodation? If **yes** - what action have you taken? If **no**, why not?

No
Yes

21 Is there anyone else in your family or household who can help you meet your rent payments? If **yes**, please provide details.

No
Yes

22 Please tell us about any recent or future changes affecting you or any member of your family that we should take into account?

23 Any additional information? e.g. any other special circumstances or unusual spending that makes it harder for you to pay your rent

24 Are you a registered foster carer?

No
Yes

How many children are you currently fostering?

How many children do you usually foster at a time?

Please provide details of the organisations for who you provide fostering services.

25 The following people are expected to share a bedroom when entitlement to Housing Benefit is calculated:

- A couple
- 2 children aged less than 10, regardless of sex
- 2 children aged 10 or over of the same sex

Is there anyone who you believe must have a bedroom of their own because of their illness or disability?

No
Yes

If **yes**, we will contact you for further details.

About your circumstances (continued)

- 26 Are you subject to the Maximum Rent Social Sector, commonly known as the 'Bedroom Tax'? No
If **yes** please complete the following section: Yes

Have you considered the following:If **'No'** please explain why

- Renting a spare room out? Yes
No

- Taking on a sub tenant / boarder / lodger? Yes
No

- Moving to a smaller property? Yes
If 'Yes', please give details of any costs involved in moving properties No

- Taking part in mutual exchange to gain a smaller property? Yes
If 'Yes', please give details of any costs involved in moving properties No

Use our calculator to convert amounts to weekly and monthly values for household income:

Your and equals

Do you have a partner who lives with you? No
 Yes

Household Income

	You		Your Partner	
	Weekly	Monthly	Weekly	Monthly
Wages / Salary - Gross	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wages / Salary - Net	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Income Support, Jobseeker's Allowance, or Universal Credit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Statutory Sick / Maternity Pay / Company Sick Pay	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Working Tax Credits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Tax Credits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Retirement pension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private / Occupational pension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pension Credit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incapacity Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Support Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Carers Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DLA Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DLA Mobility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is this used towards the cost of a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PIP Daily Living	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PIP Mobility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AFIP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attendance Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maintenance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Housekeeping / money from people living with you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other income / benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Universal Credit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total £

Use our calculator to convert amounts to weekly and monthly values for household expenditure:

Your	Amount	and	Frequency	equals	Weekly amount	Monthly amount
	<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>

Expenditure

Housekeeping

	Weekly	Monthly
Rent you pay (the amount not covered by benefit)	<input type="text"/>	<input type="text"/>
Mortgage you pay	<input type="text"/>	<input type="text"/>
Council Tax you pay	<input type="text"/>	<input type="text"/>
Food and Milk	<input type="text"/>	<input type="text"/>
Cleaning Products and Personal Toiletries	<input type="text"/>	<input type="text"/>
Newspapers and Magazines	<input type="text"/>	<input type="text"/>
Cigarettes, Tobacco & Sweets	<input type="text"/>	<input type="text"/>
Alcohol	<input type="text"/>	<input type="text"/>
Laundry & Dry cleaning	<input type="text"/>	<input type="text"/>
Clothing and Footwear	<input type="text"/>	<input type="text"/>
Nappies and Baby items	<input type="text"/>	<input type="text"/>
Pet Food	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Please Specify, must be reasonable

Household Utilities

Gas	<input type="text"/>	<input type="text"/>
Electric	<input type="text"/>	<input type="text"/>
Water	<input type="text"/>	<input type="text"/>
Oil	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Please Specify, must be reasonable

Travel

Public Transport	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Car Insurance	<input type="text"/>	<input type="text"/>
Vehicle Tax	<input type="text"/>	<input type="text"/>

Fuel	<input type="text"/>	<input type="text"/>
MOT and Car Maintenance	<input type="text"/>	<input type="text"/>
Breakdown or Recovery Costs	<input type="text"/>	<input type="text"/>
Parking Charges or Tolls	<input type="text"/>	<input type="text"/>
Miscellaneous Car costs	<input type="text"/>	<input type="text"/>

Phone

Home Phone	<input type="text"/>	<input type="text"/>
Mobile Phone	<input type="text"/>	<input type="text"/>
Other Packages	<input type="text"/>	<input type="text"/>

Other Expenditure

Insurance Policies	<input type="text"/>	<input type="text"/>
Health	<input type="text"/>	<input type="text"/>
Repairs / House maintenance	<input type="text"/>	<input type="text"/>
Hairdressing Costs	<input type="text"/>	<input type="text"/>
Television	<input type="text"/>	<input type="text"/>
Cable, Satellite and Internet Packages	<input type="text"/>	<input type="text"/>
Appliance Rental costs	<input type="text"/>	<input type="text"/>
School Meals / Meals at work	<input type="text"/>	<input type="text"/>
Pocket Money and School Trips	<input type="text"/>	<input type="text"/>
Lottery and Pools / Hobbies / Leisure / Sport	<input type="text"/>	<input type="text"/>
Gifts	<input type="text"/>	<input type="text"/>
Vet Bills and Vet / Pet Insurance	<input type="text"/>	<input type="text"/>

Other (Miscellaneous Costs)

Please note these must be reasonably explained, however if detrimental to correct budgeting or affordability for essentials or priority debts, these should be omitted or downscaled.

Total £

Use our calculator to convert amounts to weekly and monthly values:

Your	Amount	and	Frequency	equals	Weekly amount	Monthly amount
	<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>

How much you pay towards this

Priority debts / in arrears

	Amount	Weekly	Monthly
Mortgage Arrears	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent arrears	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community Charge arrears	<input type="text"/>	<input type="text"/>	<input type="text"/>
Council Tax arrears	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water Rate arrears	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gas / Electricity arrears	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other fuel arrears	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fines	<input type="text"/>	<input type="text"/>	<input type="text"/>
Court costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maintenance arrears	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		£	<input type="text"/>

Other Debts

	Creditor Name	Owed	Weekly	Monthly
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		£	<input type="text"/>	<input type="text"/>

Debt Repayment

Do any of your declared expenses include debt repayment? No
 Yes

If **Yes**, what steps have you taken to reduce the level of the repayments?

Capital

Do you or your partner have any Bank or Building Society accounts?

No

Yes How many accounts?

	Amount	Whose?	Account Name and number
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you or your partner have any assets & investments - shares / bonds etc?

No

Yes How many accounts?

	Amount	Whose?	Account Name and number
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you or your partner have any property or land?

No

Yes Provide the approximate value of the property / land:

Address of the property / land

Postcode - UK only

Please use the box below to tell us any further information regarding income, capital or expenditure.

For example:

- If you have taken steps relating to the management of your debts please explain your action - contacted CAB etc
- If you have more than 5 bank / building society accounts.

A large empty rectangular box with a thin blue border, intended for providing further information regarding income, capital, or expenditure.

When the form data has been submitted to us, please print this page.

Name of applicant

Address for which claim is being made

Postcode

Our Submission Reference:

Even if someone has filled in this for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm that all the details about them are correct, but they do not have to sign.

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

- **I understand** that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. The council may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- **I know** that I must let you know in writing about any change in my circumstances which might affect my claim.
- **I declare** that the information I have given on this form is correct and complete. I have checked the information myself or have had it read back to me.
- **I understand** that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- **I agree** that you will use the information I have provided to process my application for a Discretionary Housing Payment.

Applicant's signature

Date

Partner's signature

Date

I declare that as far as possible, I have confirmed with the claimant that the answers I have written on this form are correct.

Name of the person who filled in the form

Signature

Date

Relationship to the person claiming

Telephone number *Optional (helpful if we have a query)*

Please send this printed and signed declaration to:

If you haven't been able to print off this declaration, please tick here to let us know -

Name of applicant

Address for which application is being made
 Postcode

Our Submission Reference:

Even if someone has filled in this form for you, you must sign this declaration. If you have a partner, they need to put a tick in the box to confirm that all the details about them are correct.

Please read this declaration carefully before you put a tick in the box and date it.

- **I understand** that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. The council may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- **I know** that I must let you know in writing about any change in my circumstances which might affect my claim.
- **I declare** that the information I have given on this form is correct and complete. I have checked the information myself or have had it read back to me.
- **I understand** that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- **I agree** that you will use the information I have provided to process my application for a Discretionary Housing Payment.

Applicant's confirmation Check

Sign

Date

Partner's confirmation Check

Sign

Date

I declare that as far as possible, I have confirmed with the claimant that the answers I have written on this form are correct.

Name of the person who filled in the form

Confirmation Date

Relationship to the person claiming

Telephone number
 If possible (this helps us if we have a query)

You should now have:

- Filled in and completed the application form.
-

You are now at the end of the main form. If you haven't already, you should now submit your completed form to us.

Case Overview

Form file name:	<input type="text"/>	Current Date	<input type="text"/>
Form data set reference	<input type="text"/>	Date From	<input type="text"/>
Has been E-Signed	<input type="checkbox"/> Date/Time E-Signed <input type="text"/>		
Date/Time Submitted to main server	<input type="text"/>	Data Validation Reference	<input type="text"/>
Date/Time Submitted to external server	<input type="text"/>	Date/Time form Started	<input type="text"/>

Automatic Messaging

Receipt Email Address	<input type="text"/>	Notification Email Address	<input type="text"/>
Receipt Email Subject	<input type="text"/>	Notification Email Subject	<input type="text"/>
Receipt Email Message	<input type="text"/>	Notification Email Message	<input type="text"/>
Mobile Number	<input type="text"/>		

Case Notes

Form History

Form Database

Primary Record ID	<input type="text"/>	Secondary Record ID	<input type="text"/>
Department Name	<input type="text"/>	Form Status	<input type="text"/>
Depart Classification / Priority	<input type="text"/>	Search Field 3	<input type="text"/>
Dept Case Reference	<input type="text"/>		
Date Record Started	<input type="text"/>		
Date Last Modified	<input type="text"/>		

Current User

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	User Record Id	<input type="text"/>
Tel No	<input type="text"/>	Email address	<input type="text"/>		Address	<input type="text"/>	
User Classification	<input type="text"/>						
Portal Username	<input type="text"/>	Expert for this form	<input type="text"/>				

System Data

Pages active with dynamic paging	<input type="text"/>						
Data Locked for Editing	<input type="text"/>	Date of offline forms creation	<input type="text"/>	Enable high-quality print (WDF)	<input type="checkbox"/>		
Type of form - ufx, wdf or txt	<input type="text"/>	If TXT - Optimised for screen-readers	<input type="checkbox"/>	Enable top controls on opening	<input type="checkbox"/>		
Start page for expert users	<input type="text"/>	Print Collation Config	<input type="text"/>				

Form Design Settings

Dynamic paging enabled	<input type="checkbox"/>	Use page titles for page menu	<input type="checkbox"/>	ESigning is available	<input type="checkbox"/>	After ESigning/Submission - go to page No?	<input type="checkbox"/>	TXT form is available	<input type="checkbox"/>
Pages with forced error checking	<input type="text"/>								
Pages that override forced error checking	<input type="text"/>								
Last visible page:	Unregistered users	<input type="text"/>	Registered users:	<input type="text"/>	Expert users:	<input type="text"/>	Override for TXT version	<input type="checkbox"/>	
Default branding file:	<input type="text"/>			e.g. 'UK Revenues & Benefits Branding (1.0)'					
Shared Data Dictionary	<input type="text"/>			e.g. 'Victoria Forms UK Government Data (1.0)'					
HTML pages within WDF	<input type="text"/>			Page no for thumbnail <input type="text"/>					