



# APPLICATION FOR COUNCIL TAX SUPPORT DISCRETIONARY PAYMENT

Date of issue: .....

Name: .....

Address: .....

.....

Telephone Number.....

Council Tax Support Reference .....

I wish to apply for a Hardship Payment.

I consider my family would suffer hardship if I do not receive this payment because:

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.....

.....

.....

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.....

1. When did you move to this address? .....  
(If you moved in the last 12 months, please state your previous address.)

.....  
.....

2. Were you able to afford the Council Tax when you moved in? If yes, please tell us how you were able to afford it. (e.g. in work). Please provide evidence of your earnings/income

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.....

3. Do you have any relatives or friends who could help you?

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.....  
.....

4. Do you or a member of your family; have any disabilities or health problems?

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.....

5. Have you recently been bereaved? .....

.....

6. Do you have any rent arrears? .....

If so how much? .....

7. If you are receiving Income Support or Job Seekers Allowance or Employment Support Allowance please give details of your income and capital.

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.....

8. Do you have any savings or property (including holiday homes or timeshares) abroad?

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9. Is there anything else you think we should know?

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I declare that the information I have given on this form is correct and complete.

I know I must write and tell you of any changes in my circumstances which might affect this request (For example, if someone moves into or out of my home or my income changes) within one calendar month.

I understand that if I do not give you correct information or, if I do not tell you everything you need to know, you may take action against me.

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations which handle public funds.

It is an offence to give false information on this form.

Signed .....

Name in block capitals .....

Please send the completed form and your expenditure form back in the envelope provided. We will contact you once we receive the form.

# Council Tax Support Discretionary Payment – Personal Budget Details

NAME \_\_\_\_\_ REFERENCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Number in Household :	Adults		Children		Non-Dependant Adults	
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INCOME	Yourself		Your Partner	
Employers name and address <i>(should be the head office, if known)</i>	..... ..... ..... Payroll Number .....		..... ..... ..... Payroll Number .....	
Average take home pay	£ .....	Weekly/ Monthly	£ .....	Weekly/monthly
Jobseekers Allowance	£ .....	Weekly/Monthly	£ .....	Weekly/Monthly
Income Support	£ .....	Weekly/Monthly	£ .....	Weekly/Monthly
Working / Child Tax Credit	£ .....	Weekly/ Monthly	£ .....	Weekly/Monthly
Pensions	£ .....	Weekly/Monthly	£ .....	Weekly/Monthly
Child Benefit	£ .....	Weekly/Monthly	£ .....	Weekly/Monthly
Invalidity/Sickness/incapacity Benefit	£ .....	Weekly/Monthly	£ .....	Weekly/Monthly
Maintenance Payments	£ .....	Weekly/Monthly	£ .....	Weekly/Monthly
Non-dependants contributions	£ .....	Weekly/Monthly	£ .....	Weekly/Monthly
Other incl savings / shares	£ .....	Weekly/Monthly	£ .....	Weekly/Monthly
Housing Benefit	£ .....	Weekly	£ .....	Weekly
Council Tax Support	£ .....	Weekly	£ .....	Weekly
<b>TOTAL</b>	£ .....	<b>TOTAL</b>	£ .....	

## EXPENDITURE

Mortgage	£.....	Weekly/monthly	Car (including tax, petrol/Insurance etc	£.....	Weekly/Monthly	
Rent	£.....	Weekly/monthly	Loan repayments <i>Date repayments end</i>	£.....	Weekly/Monthly	
Water Rates	£.....	Weekly/Monthly	<i>Hire Purchase</i> <i>Date payments end</i>	£.....	Weekly/Monthly	
Council Tax	£.....	Weekly/Monthly	<i>Court Fines</i>	£.....		
Insurance			Other (give details) 1 .....			
BuildingsContents	£.....	Weekly/Monthly		2.....	£.....	Weekly/Monthly
Life / Pensions	£.....	Weekly/Monthly		3.....	£.....	Weekly/Monthly
Housekeeping (food etc)	£.....	Weekly/Monthly				
Telephone rental / TV Licence	£.....	Weekly/Monthly				
			<b>TOTAL</b>	£.....	Weekly/Monthly	

This is an accurate record of my financial position.

Signed ..... Dated .....

*N.B. The Council may check any of the information given above*