

Council Tax Exceptional Hardship Relief application

S13A Local Government Finance Act 1992

If you have joint liability with another person/s then the questions need to be answered for both or all parties

Declaration

I confirm that I have read and understood the Criteria for making an application

Your Council Tax details

How many people are named on your Council tax bill?

Names of Occupiers

Council tax payer 1

Council tax payer 2

Council tax payer 3

Council tax payer 4

Please list names of other occupiers over 18 years also living in the property who are not named on the Council tax bill.

What is the Council Tax account number of the property you are claiming for?

--

You must enter a valid Council Tax reference number (an eight digit number that begins with 4)

What is the address of the property you are claiming for? *

--

You must enter the address of the property you are claiming for

Correspondence address if different to above

--

About your application

For exceptional circumstance of financial hardship

Please outline the circumstances leading to your application. You will need to supply evidence to justify a reduction in council tax liability, these circumstances being outside your control. Each person liable in the household will need to complete the information below.

Your circumstances

You should attach any evidence you would like to submit to support your claim with this form

What steps have you taken to resolve your situation prior to making this application? *

Have you applied for the following benefits?

	Yes/no	Date Applied	Outcome
Council tax support			
Discretionary housing payment			
Any others (please state below)			
Others:			

Have you applied for any of the following Council tax reductions or exemptions in the last 12 months?

	Yes/no	Date Applied	Outcome
Single person discount			
Disregard for other adults			
Disability reduction			
Exemptions			

Income

Proof will be required, for example, ISA's, Premium bonds, any saving account etc.

Council Tax Payer 1 – Income			
Please state whether items are paid to you Weekly (W) or Monthly (M)			
Your Average Wage or Salary:		£	
Your Employers Name And Address	Name		
	Address		
		Postcode:	
Income Support:		Working Family Tax Credit:	
Jobseekers Allowance (Income Based):		Retirement Pension:	
Jobseekers Allowance (Contribution Based):		Private Pension or Occupational Pension:	
Child Benefit:		Rent From lodgers or tenants:	
Lone Parent Benefit:		Maintenance Received:	
Contributions from other Household Members:		Other Benefits:	
Other (Please Specify):			
** attach proof to support your income details **			

Council Tax payer 1 - Your Capital	
Please give the most current balances	
Bank Accounts:	<input style="width: 100%;" type="text"/>
Building Society Accounts:	<input style="width: 100%;" type="text"/>
Post Office Accounts:	<input style="width: 100%;" type="text"/>
Stocks and Shares:	<input style="width: 100%;" type="text"/>
Tessa, ISA and other fixed savings accounts:	<input style="width: 100%;" type="text"/>
Unit Trusts	<input style="width: 100%;" type="text"/>
Income Bonds and Premium Bonds:	<input style="width: 100%;" type="text"/>
National Savings Income Bonds:	<input style="width: 100%;" type="text"/>
Details of all properties you own or partly own in this country or abroad, other than the property you live in:	<input style="width: 100%;" type="text"/>
** attach proof to support your Capital **	

Council Tax payer 1 Individual Expenditure

Please state whether items are paid to you Weekly (W) or Monthly (M)

Fares etc, on public transport:		Secure loans:	
Petrol / Diesel:		Court Payments:	
Other motor expenses (Insurance, Mot, Tax etc):		Child Care Cost:	
Alcohol & Tobacco:		Any other (please state)	
Subscriptions (e.g. Gym membership):			
Debt management plan:			
Mobile phone:			
Internet/Satellite/cable:			
Other Expenses (Please provide full details):			
Other Debts (Please provide full details):			

**** Attach proof to support your expenditure ****

Council Tax Payer 2 – Income

Please state whether items are paid to you Weekly (W) or Monthly (M)

Your Average Wage or Salary: £			
Your Employers Name And Address	Name		
	Address		
		Postcode:	
Income Support:		Working Family Tax Credit:	
Jobseekers Allowance (Income Based):		Retirement Pension:	
Jobseekers Allowance (Contribution Based):		Private Pension or Occupational Pension:	
Child Benefit:		Rent From lodgers or tenants:	
Lone Parent Benefit:		Maintenance Received:	
Contributions from other Household Members:		Other Benefits:	
Other (Please Specify):			

**** attach proof to support your income details ****

Council Tax payer 2 - Your Capital

Please give the most current balances

Bank Accounts:		Tessa, ISA and other fixed savings accounts:	
Building Society Accounts:		Unit Trusts	
Post Office Accounts:		Income Bonds and Premium Bonds:	
Stocks and Shares:		National Savings Income Bonds:	
Details of all properties you own or partly own in this country or abroad, other than the property you live in:			
** attach proof to support your Capital **			

Council Tax payer 2 - Individual Expenditure

Please state whether items are

paid to you Weekly (W) or Monthly (M)

Fares etc, on public transport:		Secure loans:	
Petrol / Diesel:		Court Payments:	
Other motor expenses (Insurance, Mot, Tax etc):		Child Care Cost:	
Alcohol & Tobacco:		Any other (please state)	
Subscriptions (e.g. Gym membership):			
Debt management plan:			
Mobile phone:			
Internet/Satellite/cable:			
Other Expenses (Please provide full details):			
Other Debts (Please provide full details):			
** attach proof to support your Expenditure **			

Council Tax Payer 3 – Income

Please state whether items are paid to you Weekly (W) or Monthly (M)

Your Average Wage or Salary: £			
Your Employers Name And Address	Name		
	Address		
		Postcode:	
Income Support:		Working Family Tax Credit:	
Jobseekers Allowance (Income Based):		Retirement Pension:	
Jobseekers Allowance (Contribution Based):		Private Pension or Occupational Pension:	
Child Benefit:		Rent From lodgers or tenants:	
Lone Parent Benefit:		Maintenance Received:	
Contributions from other Household Members:		Other Benefits:	
Other (Please Specify):			
** Attach proof to support your income details **			

Council Tax payer 3 - Your Capital

Please give the most current balances

Bank Accounts:		Tessa, ISA and other fixed savings accounts:	
Building Society Accounts:		Unit Trusts	
Post Office Accounts:		Income Bonds and Premium Bonds:	
Stocks and Shares:		National Savings Income Bonds:	
Details of all properties you own or partly own in this country or abroad, other than the property you live in:			
** attach proof to support your Capital **			

Council Tax payer 3 Individual Expenditure

Please state whether items are paid to you Weekly (W) or Monthly (M)

Fares etc, on public transport:		Secure loans:	
Petrol / Diesel:		Court Payments:	
Other motor expenses (Insurance, Mot, Tax etc):		Child Care Cost:	
Alcohol & Tobacco:		Any other (please state)	
Subscriptions (e.g. Gym membership):			
Debt management plan:			
Mobile phone:			
Internet/Satellite/cable:			
Other Expenses (Please provide full details):			
Other Debts (Please provide full details):			
** attach proof to support your expenditure **			

Council Tax Payer 4 – Income

Please state whether items are paid to you Weekly (W) or Monthly (M)

Your Average Wage or Salary: £			
Your Employers Name And Address	Name		
	Address		
		Postcode:	
Income Support:		Working Family Tax Credit:	
Jobseekers Allowance (Income Based):		Retirement Pension:	
Jobseekers Allowance (Contribution Based):		Private Pension or Occupational Pension:	
Child Benefit:		Rent From lodgers or tenants:	
Lone Parent Benefit:		Maintenance Received:	
Contributions from other Household Members:		Other Benefits:	
Other (Please Specify):			
** attach proof to support your income details **			

Council Tax payer 4 - Your Capital

Please give the most current balances

Bank Accounts:		Tessa, ISA and other fixed savings accounts:	
Building Society Accounts:		Unit Trusts	
Post Office Accounts:		Income Bonds and Premium Bonds:	
Stocks and Shares:		National Savings Income Bonds:	
Details of all properties you own or partly own in this country or abroad, other than the property you live in:			
** attach proof to support your Capital **			

Council Tax payer 4 - Individual Expenditure

Please state whether items are

paid to you Weekly (W) or Monthly (M)

Fares etc, on public transport:		Secure loans:	
Petrol / Diesel:		Court Payments:	
Other motor expenses (Insurance, Mot, Tax etc):		Child Care Cost:	
Alcohol & Tobacco:		Any other (please state)	
Subscriptions (e.g. Gym membership):			
Debt management plan:			
Mobile phone:			
Internet/Satellite/cable:			
Other Expenses (Please provide full details):			
Other Debts (Please provide full details):			
** attach proof to support your expenditure **			

Household Expenditure

Please state whether items are paid to you Weekly (W) or Monthly (M)

Normal Rent Payments:		Council Tax:	
Rent Arrears Payment:		Water Rates:	
Mortgage:		Maintenance paid out:	
Household Insurances:		TV License:	
Food:			
Gas:			
Electricity:			
Telephone:			
Other Expenses (Please provide full details):			
Other Debts (Please provide full details):			
** attach proof to support your expenditure here, you will need to supply copies of your utility bills where stated **			

Have you taken any debt advice? Yes/No (Delete where appropriate)

If yes, please provide proof of appointment and outcome (Attach supporting evidence)

Are your circumstances likely to improve in the next 12 months? Yes/no (Delete where appropriate)

If yes, please provide details.

Please list any other information that you believe may be relevant to your claim below.

--

Sign and date

If application is being made on the Council tax payer's behalf please complete

Name:

Date:

In what capacity are you making the claim?

Contact detail:

Name:

Telephone number:	
Mobile number:	
Email address:	