

**COUNCIL TAX REDUCTION: EXCEPTIONAL HARDSHIP**

**FUND CLAIM FORM**

Name of claimant: …………………………………………. Date of birth: ………………………………………….

Council Tax reference number: …………….

Address: ………………………………………………………………………………..

…………………………………………………………………………………

…………………………………………………………………………………

Post Code: ……………………………………..

Email Address: ……………………………………………………..

Landline no: …………………………………….. Mobile no: ………………………………..

How many bedrooms does this property have? ……………………………….

Please confirm whether this is a: Social tenancy …….. Private tenancy ……..

**Household details (Names, Ages and relationship to you):**

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of birth** | **Relationship to you** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Is anyone in your household pregnant? | | Yes/No |
| If yes, please say who is pregnant and when the baby is due | **Name** | **Due date** |

**I, or a member of my family, will suffer exceptional hardship if I do not receive assistance from the Exceptional Hardship Fund because: (**please explain clearly why you are not able to meet your council tax payments, what you think will happen if you do not receive this money and how long you think this situation is likely to go on for).

|  |  |
| --- | --- |
|  | |
| **Have you applied for an Exceptional Hardship Fund award before?** Yes/No | |
| If yes, when did you apply? |  |
| Was the claim awarded | Yes/No |
| If yes, please say how much you received? | £ |
| **Is anyone else helping you with regard to this claim or any other financial issues?** (for example a housing officer, social worker, CAB, housing support officer, etc**)** Yes/No | |
| **If the answer is yes, please give details**  Name Contact number | |
| **What advice have they given you and have you taken any steps to act on this advice?** | |

|  |  |  |
| --- | --- | --- |
| **Additional information** | |  |
| When did you move to this address? |  |  |
| If you moved in the last 12 months, please give your previous address |  |  |
| Do you have any friends or relatives who could help you? |  | Yes/No |
| Do you, or any member of your family have any disabilities or health which contribute towards your financial hardship? |  | Yes/No |
| If yes, please say which person and give details |  |  |
| Have you been recently been bereaved? If yes, who and when? |  |  |
| Do you have any council tax arrears? |  | Yes/No |
| If yes, please say how much | £ |  |
| Please explain if/what action has taken against you because of your council tax arrears? |  |  |
| Do you have any savings or property (including holiday homes and timeshares abroad) | Yes/No | |
| Please provide details: |  | |

**For all applicants:**

Is there anything else you think we should know?

**Budget Sheet**

**Please enter figures weekly (if monthly, multiply figure by 12 and divide by 52)**  *Continue on a separate sheet if required and put your name on top left hand corner*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION A - INCOME** | **Weekly** |  | **Leisure** | **Weekly** |
| Usual take-home pay |  |  | Going out |  |
| Partner's usual take-home pay |  |  | Takeaways |  |
| Housing Benefit |  |  | Alcohol/cigarettes |  |
| Working Tax Credit/Child Tax Credit |  |  | Christmas & Birthday |  |
| Child Benefit |  |  | Holidays |  |
| Job Seekers Allowance/Income Support |  |  | **Financial Products** | **Weekly** |
| Pension Credit |  |  | Loan/card/hire purchase repayments |  |
| State Retirement Pension |  |  | Contents insurance |  |
| Works/Private pension |  |  | Buildings insurance |  |
| Sickness/Disability Benefit |  |  | Life insurance |  |
| Maintenance |  |  | Other |  |
| Money from non-dependents |  |  | **Children** | **Weekly** |
| Universal Credit |  |  | Childcare |  |
| Any Other Income |  |  | Child maintenance |  |
| Any Other Income |  |  | School meals |  |
| TOTAL WEEKLY INCOME |  |  | Other |  |
|  |  |  | **Travel** | **Weekly** |
| **SECTION B - EXPENDITURE** | |  | Getting to work |  |
| **Household** | **Weekly** |  | Car (tax, insurance,MOT, service, fuel) |  |
| Rent |  |  | Other |  |
| Council Tax |  |  | **Other Spending** | **Weekly** |
| Mortgage/Loan repayment |  |  | Clothes & shoes |  |
| Ground rent/service charge |  |  | Laundry (if a laundromat is used) |  |
| Water charges |  |  | Prescription/dental/glasses |  |
| Gas |  |  | Pets |  |
| Electricity |  |  | Court fines (including arrears) |  |
| Telephone (land line) |  |  | Rent arrears |  |
| Mobile telephone |  |  | Utility company arrears |  |
| Housekeeping (food & shopping) |  |  | Other |  |
| TV licence |  |  | **TOTAL WEEKLY EXPENDITURE** | |
| TV package |  |  | **Total weekly income (from Section A)** |  |
| Internet/broadband |  |  | **Total weekly expenditure (from section B)** |  |
| Other |  |  | **Income minus expenditure (A-B)** |  |

**Please provide reasonable evidence of items declared above (e.g. most recent utility bills, bank statements, wage slips etc.). Please note that if you deliberately give us false evidence or information, you may be prosecuted.**

**DECLARATION**

I/we declare that the information I/we have given on this form is correct and complete to the best of my/our knowledge.

I/we will tell you immediately if there are any changes in my/our circumstances which could affect my benefit such as changes in income or the number of people in my/our household.

I/we authorise the Council to make any necessary enquiries to verify the information on this form.

I authorise the West Berkshire Council Tax department to disclose information regarding my council account to officers from the Benefits team, in order to assist them in assessing this application.

I/we authorise the Council to cross check the information I/we have given with other departments within the Council, The Valuation Service, other Councils, Department of

Work and Pensions, HMRC and any other public bodies involved with the protection of public funds.

I/we understand that I/we have a duty to give the Council such information as it may require to enable it to make a decision.

I/we understand that if I/we give information that is incorrect or incomplete or fail to report any changes that might affect my/our Exceptional Hardship Fund award, I/we may be prosecuted.

**Claimant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Partner’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this form completed to:**

**Benefits Team, Council Offices, Market Street, Newbury, RG14 5LD**

**If you are printing the form to post back to us please sign the form by hand.**

**Or the form can be sent by email to** [**Benefits@westberks.gov.uk**](mailto:Benefits@westberks.gov.uk)

**A typed signature will be accepted so long as the form is being sent from your email address (as declared on page 1 of this form)**

Please note that we may keep the information you give us on this form electronically in accordance with the Data Protection Act 1998

If you require further advice regarding the Council Tax Exceptional Hardship Fund you can contact the Customer Services on 01635 519258 or get independent advice from an organisation such as Citizens Advice Bureau.