

Revenue Services Section, Housing Benefit
Gloucester Road, Tewkesbury, Glos GL20 5TT
Telephone 01684 295010



Application for Discretionary Council Tax Payment

	Date issued:	
	Claim number:	
	Reason for claim:	
	Date received:	
		Tewkesbury Borough Council official date receipt stamp

Please confirm that the name and address shown above is the name of the applicant: Yes No

If NO please give:

Full name of applicant

Address of applicant
Post code:

Home telephone number

Section 13A of the Local Government Finance Act 1992 provides the Council with additional discretionary powers to enable it to reduce the council tax liability where statutory discounts, exemption and reductions do not apply. The Council is required to pay for any awards out of its own funds and therefore awards must meet the underlying principle of offering value for money to taxpayers.

When deciding on whether to grant a discretionary award the Council will consider each application on its own merits. Principles of reasonableness will apply in all cases with the authority deciding each case on relevant merits.

Please note that we can only award a Discretionary Council Tax Hardship Relief to cover the council tax charge, and not any other amount payable, ie, Court Costs, Enforcement Fees, etc.

Please fill in this form to apply for Discretionary Council Tax Hardship Relief and send it to the above address.

I need additional help with my Council tax payments because:

Please note it is not enough to say you need a Discretionary Council Tax Hardship Relief to help pay your Council Tax. You must tell us why you need extra help.

Do you or any member of your family have any disabilities or health problems?

Yes

No

If yes, please give details:

Have you recently had a change of circumstances? For example moving, starting or stopping work, a change in your household, a bereavement.	Yes	No
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If yes, please give details.

Please give details of saving/current accounts held by you/your partner and provide the last 2 months statements for each account.

Name	Account Number	Balance

Are you engaged with any advice agency for financial / budgeting / debt advice and support, ie, Citizens Advice, Money Advice Service, etc?

If so, please give details.

Are you engaged with other agencies ie, social services, support workers, etc?

If so, please give details.

Is there anything else you think we should know?

Please complete the attached Personal Budget sheet.

PERSONAL BUDGET SHEET		
YOUR INCOME	Weekly	Monthly
Wage or salary (after deductions)		
Partner's wage or salary (after deductions)		
Non-dependent financial contribution		
Statutory sick pay (SSP)		
Total wage or salary		
YOUR BENEFITS	Weekly	Monthly
Child benefit		
Jobseeker allowance		
Income support		
Employment support allowance (ESA)		
Incapacity benefit		
Disability Living Allowance		
Personal independence payment		
Carer's allowance		
Working tax credit		
Child tax credit		
Maintenance or child support		
Attendance Allowance		
Housing benefit		
Council Tax Support		
Universal Credit (provide award letter)		
Other		
Total benefits		
YOUR PENSIONS	Weekly	Monthly
Your state pension		
Partner's state pension		
Private pension 1		
Private pension 2		
Pension Credit		
Total pension income		
TOTAL INCOME		
LIST OF PRIORITY DEBTS	Amount owed	Repayment
Rent arrears		
Mortgage arrears		
Council tax arrears		
Utility arrears (Gas, Electricity, Water)		
Maintenance or child support arrears		
Others		
Total arrears		
NON PRIORITY DEBTS	Amount owed	Repayment
Loan 1		
Credit card 1		
Credit card 2		
Catalogue and store cards		
Other		
Total debts		

OUTGOINGS		
ESSENTIALS	Weekly	Monthly
Rent		
Mortgage		
Second mortgage or secured loan		
Council tax		
Water		
Gas		
Electricity		
Oil, coal, Calor gas		
TV licence		
Building and/or content insurance		
Pension and/or life insurance		
Childcare costs/Maintenance		
Total essentials		
HOUSEKEEPING	Weekly	Monthly
Food & milk		
Cleaning & toiletries		
Nappies & baby items		
Cigarettes		
Alcohol		
Clothing & footwear		
Pet food		
Pet insurance		
Vet fees (annual booster)		
Total Housekeeping		
PHONE	Weekly	Monthly
Home phone		
Mobile phone		
Cable, Satellite, and internet		
Total Phone		
TRAVEL	Weekly	Monthly
Public transport including taxis		
Car insurance		
Road tax		
Petrol		
Car maintenance & MOT		
Breakdown & recovery		
Total travel		
Other spending	Weekly	Monthly
Health costs (dentist, glasses. Prescriptions)		
School meals and school trips		
Lottery		
Newspapers & magazines		
Hobbies & leisure		
Gifts (birthdays & Christmas)		
Bank charges		
Total other spending		
TOTAL OUTGOINGS (including debts)		

If this form has been completed by an agent or third party please give your details.

Name:	
Address:	
Telephone number for enquiries:	

Declaration and signature

- I/We declare that all the information that I have provided on this claim form is true and complete.
- I/We understand that any of the information supplied on my Council Tax Support claim and information provide in this claim form may be used to process my Discretionary Council Tax Hardship application.
- I/We will notify the Council immediately if any of the information supplied on this form changes.
- The Council must protect the public funds it administers and so may use the information provided on this form to deter and detect fraud. The Council may share this information, for the same purposes, with other organisations that handle public funds; this includes other departments in the Council.

To deliberately give false information may result in prosecution.

Claimant's signature: Date:

Partner's signature: Date:

For more information about how we will process the information submitted with this form, you can view our Council Tax Discretionary Hardship Relief privacy notice [here](#).

For office use only

Total income for household:	£
Total expenditure for household:	£
Balance/deficit:	£

CTB:	£
CTB in payment:	£
Shortfall:	£

Decision			
Date:		Initials:	