Council Tax Discretionary Reduction: Application Form

Your personal details	
Name of Council Taxpayer/s	s:
Council Tax Account Numb	er:
Property Address:	
Telephone Number:	
Email Address:	
Your financial circumstance	os:
1. Do you own or rent this property?	
2. Have you ever owned a property? Please give details.	
3. Do you have any savings or other assets (for example, shares in a company?)	
4. Please provide details of the circumstances causing hardship?	

5. Please advise what steps you are taking to improve your circumstances outside of this application.	
6. Are you receiving financial help from any other source? If yes, please provide details.	-
5. Please provide any additional information in support of your claim	

In addition to completing the form above, you must include evidence to support your claim. As a minimum, the following is required:

- Completed Standard Financial Statement of income and expenditure form in relation to household income & expenditure (Attached)
- Evidence of all household income & expenditure in the form of bank statements for at least the past two months

Your application will be considered in line with the policy and the evidence provided. Once a decision has been made you will be notified within 14 days.

Please note than any existing repayment plans remain in place and therefore you should continue to pay your council tax as set out in your bill or notification of repayment plan.

Expenditure Form

Please note: You MUST supply supporting evidence for any items marked with a * and your last 2 months bank statements.

Income	How much (£)	How often	Outgoings	How much (£)	How often	Office use only
Net Wages (for you)	(12)		Mortgage / Rent*	(**)		
Net Wages (for your partner)			Rent Arrears*			
Self Employed Earnings			Council Tax			
Working Tax Credit			Council Tax arrears			
Child Tax Credit			Electricity*			
Child Benefit			Gas*			
JSA (IB)			Arrears of fuel bills*			
Income Support			Water rates			
Pension Credit (Guarantee)			Child Minding*			
Pension Credit (Savings)			Food			
State Retirement Pension			School Meals			
Occupational / Private Pension			Housekeeping			
Maintenance received (for children)			Clothing			
Maintenance received (for self or partner)			Laundry			
Incapacity benefit			Telephone/ Internet			
Employment Support Allowance			Satellite / cable tv			
Disability Living Allowance			Travelling Expenses			
Personal Independence Payment			Road Tax / Car Insurance			
Carers Allowance			Vehicle fuel / servicing			
Housing Benefit			Court fines*			
Universal Credit			Prescriptions			
Contributions from children living at home			Maintenance Paid*			
Contributions from any other resident			Credit Card*			
Any Other Income			Loans / Hire Purchase			

Vouchers or token in lieu of payment		Deduction for social fund		
		Other deductions from penefit		
	C	Catalogue		
		Endowment / Life nsurance*		
	N	Nortgage Protection*		
	F	lome Insurance*		
		Medical / disability related butgoing (please specify)		
	Α	Any other Outgoings		
Total Income (monthly)	Т	otal Outgoings (monthly)		

Any additional Information for Income/outgoings:	