## Council Tax Exceptional Hardship Fund Application



No You will not be eli	eipt of Council		
Applicant Information	on		
First name:			
Last name:			
Council Tax Account Number (optional):			
Address (please include postcode):			
Daytime telephone numbe	2r.		
Email address:			
Are there any other people in your home?	110	please go to General Inforn please complete Househol	
Household Informat	ion		
How many adults live in ye	our home, not including y	ourself?	
	Details of o	other adults	
First Name	Last Name	Date of Birth	Relationship to you

How many children (under 18) live in your home?

	8) tive in your nome:		
	Details	of children	
First Name	Last Name	Date of Birth	Relationship to you
eneral Information			
lease answer ALL the food help us with your applease describe your current mancial situation and explainly you consider this to be exceptional hardship?	plication.		
lave you experienced any nforeseen exceptional even	No 🗌		
risis recently in your life, whas significantly impacted your life, who is significantly impacted your council ta	nich Yes lifyes our	, please provide details:	

How long do you expect this situation to continue for?

Does anybody in your household	No		
including yourself have any health problems or disabilities?	Yes		If yes, please provide details:
The state of the s			
Diago confirm if you have			
Please confirm if you have any outstanding debts.	No	Ш	
, c	Yes		If Yes, please list the debts and confirm how you are managing them:
			Are you receiving any support or advice from a debt advice
			Are you receiving any support or advice from a debt advice agency?
			No 🗌
			Yes
			Please explain what steps you have taken to improve your situation:
			Steadion.
Aro there any other			
Are there any other circumstances you'd like to tell us			
about to support your application			
for exceptional hardship?			

## **Financial Information**

## You will need to complete the financial information below:

You only have to complete the Weekly or Calendar Monthly box, whichever is easiest for you.

INCOME DETAILS	Weekly	Calendar Monthly	OUTGOINGS	Weekly	Calendar Monthly
Carer's Allowance			Mortgage/Rent		
Child Benefit			Council Tax		
Child Tax Credit			Electricity		
Disability Living Allowance			Gas		
Employment and Support Allowance			Other fuel		
Income Support			Arrears of rent / utility bills		
Jobseeker's Allowance			Water		
Maintenance received			Mobile telephone(s)		
Non-Dependants contribution			Landline telephone		
Personal Independence Payment			Television licence		
Universal Credit			Sky / Cable or other TV costs		
Wages / earnings of claimant			Travel costs		
Wages / earnings of partner			Insurances		
			Food		
			Household items		
			Maintenance paid out		
			Medical Costs		
			Clothing		
			Toiletries		
Works Pension (please specify)			Fines		
			Hire Purchase		
			Catalogues		
			Credit cards/loans (please specify)		
Other benefits (please specify)					
			Holidays		
Any other income (please specify)			Entertainment / eating out		
			Magazines / Newspapers		
			Alcohol / cigarettes /		
			tobacco		
			Lottery / scratch cards /		
			bookmakers Any others (please specify)		
			Any others (please specify)		
				<u> </u>	
Total income			Tatal autorium		
Total income			Total outgoings		

Capital Savings
By capital we mean money held in bank accounts, building society accounts, premium bonds, national savings certificates, stocks and shares or other investments (this includes any paypal accounts, credit union accounts, ISAs or similar)
Total Savings:
Document Upload
Please send us any documents that evidences the exceptional hardship you are experiencing.
I understand that I may be contacted to provide further evidence before my application is considered.
Declaration
Please review your answers.
I declare the information I have given on this form is correct and complete. Where it has been completed by another person I have read it fully or the entries have been read back to me and I agree that the details are correct and complete.
■ If I give information that is incorrect or incomplete, the council will seek to recover any excess or overpaid award from my council tax account.
■ The Council will check the information provided within my application against Council Tax and Council Tax Support records.
I consent to the council referring me to Citizens Advice for help and support in maximising my income and / or debt management
Yes No No
Name of person submitting form:
Relationship to applicant: