



Application for a Discretionary Discount

Please note that if a joint bill has been issued then the application must be made in joint names

Name of applicant/s:

Contact Address:

Telephone:

Email Address:

Address of property for which relief is being claimed:

Owner Names/s and contact address:

Is the property currently vacant? YES/NO

What is the value of the equity in the property? £

Is the property currently marketed for sale? YES*/NO

please provide details of the estate agent/s acting for you*

Is the property currently marketed for rent? YES*/NO

please provide details of letting agent or estate agent acting for you*

Please provide details of any other properties owned by yourself and value of any rental income you are in receipt of

If you have left a property empty to move to more suitable accommodation or to receive or provide care due to old age, disablement, illness, alcohol or drug abuse or mental disorder, then please provide details below

Please provide the detailed reasons why you are applying for a reduction in council tax. This should fully explain the circumstances that are creating financial difficulty and how long you expect these circumstances to continue

Has an application for Council Tax Support been made? YES/NO

Are you receiving financial assistance from any other source? YES*/NO
please provide details*

Have you approached any organisation to assist with your current financial situation such as
Citizens Advice Bureau / Welfare Rights etc.? YES*/NO
please provide details*

Please provide details of any stocks/shares/savings/money you have or money you are
owed

Please provide any additional information you wish to provide in support of your application

Section 1: Income

Income Type	You		Your Partner		Other Adults in Household	
	Amount	Frequency ie Weekly, Monthly, 4weekly etc.	Amount	Frequency ie Weekly, Monthly, 4weekly etc	Amount	Frequency ie Weekly, Monthly, 4weekly etc.
Net earnings from employment						
Name & Address of employer or 'Self Employed'						
Works Payroll Number						
Working Tax Credit						
Child Tax Credit						
Pension Credit						
Income Support						
Jobseekers Allowance						
Employment & Support Allowance						
Incapacity Benefit						
Housing Benefit						
Council Tax Support						
Child Benefit						
Disability Living Allowance/PIP						
Carers Allowance / Attendance Allowance						
Statutory Maternity Pay or Statutory Sick Pay						
State Pension						
Any Other Benefit/Allowance/Credit etc <i>(please specify)</i>						
Other Pensions (eg work or private)						
Child Maintenance						

Money from Friends or Relatives						
Money from non-dependants/lodgers/boar ders or sub-tenants						

Section 2: Expenditure

PRIORITY EXPENSES	Regular Monthly Payments	ARREARS	
		Amount	Monthly Payments
RENT			
MORTGAGE			
COUNCIL TAX			
ELECTRICITY			
GAS			
WATER			
OTHER EXPENSES	Amount	Frequency (per wk/mn/yr)	Details
Vehicle - Road Tax			Make/Model: Registration:
Vehicle - Insurance			
Vehicle - Fuel			
Public Transport			
Telephone - landline(s)			
Telephone - mobile(s)			
Insurance - Home			
Insurance – Life			
Insurance - Other			
Shopping – Groceries, toiletries etc			
Clothing			
Regular Medical costs (incl Prescriptions, Dental, Optician etc)			
TV Licence			
Other TV (ie Sky/Cable)			
Broadband/Internet Fees			
Cigarettes/Tobacco Products			
Alcohol			
Entertainment & Leisure			

Personal/Other Costs (eg haircuts, treatments, therapies etc)			
Child Care Costs			
Maintenance/CSA payments			
Magazine / Professional Subscription			
School costs (eg meals, clubs, trips etc)			
Other (please name) _____			
Other (please name) _____			
ALL OTHER DEBTS (eg Loans, Fines, Credit Cards, HP, Catalogues etc) For yourself and your partner.			
Name of Creditor (eg Barclaycard)	Balance Owing	Monthly Repayment	
TOTAL DEBTS OWED	£		
TOTAL MONTHLY REPAYMENT		£	

Section 3: Capital

CURRENT AMOUNT OF CAPITAL	YOU	YOUR PARTNER
ALL Bank Accounts (current)		
ALL Building Society & Savings Accounts		
All Other Money in Accounts		
All Other Capital (eg ISAs, etc)		
Other Property (UK or Abroad) Value		
Other (please name)		
TOTAL AMOUNT OF CAPITAL		

Section 4: About where you live

Do you own the above property? Yes (outright) <input type="checkbox"/> Yes (mortgaged) <input type="checkbox"/> No (rented) <input type="checkbox"/>			
If mortgaged:	How much is outstanding? £	What is its current value? £ (we may compare this to approximate market value data)	When was this taken out?

Declaration

Even if someone else has filled the form in for you, you and any partner must sign this declaration if you can

Please read this declaration carefully before you sign and date it

- I declare that the information I have given on this form is correct and complete
- I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action
- I agree that you may use the information I have provided to process any application for Discretionary Housing Payment. You may check the information with other sources as allowed by law
- I understand that you may use any information I provide in connection with this and any other claim for social security benefits that I have made or may make. You may give such information to other organisations such as government departments, local authorities and private sector companies such as banks and organisations that may lend me money if the law allows this.
- I know that I must let you know in writing about any change in my circumstances which might affect my claim.

Signature of person claiming

Partner's signature

Date		Date	

If this form has been filled in by someone other than the person claiming, please tell us why you are filling in this form for the person claiming

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I declare that, as far as possible, I have confirmed with the person/s claiming that the answers I have written on this form are correct.

Name of person who filled in form

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Signature

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Relationship to the person claiming

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Date

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