

Council Tax Discretionary Relief Application Form

Before completing this form, please ensure you have read Council Tax Discretionary Relief Policy available at www.epsom-ewell.gov.uk/residents/council-tax/help-your-council-tax

Please return this completed form to: counciltax@epsom-ewell.gov.uk

Please note:

- If a joint Council Tax bill has been issued, this application must be made in joint names
- Failure to **fully** complete all parts of this form could result in a delay in processing your application

Name of applicant(s):

Address of property in respect of which relief is being claimed:

Contact address (if different):

Email Address:

Telephone:

General Information

1. What level of discount is being requested (i.e. is this for the full year's Council Tax or part of it)

2. What is the reason for the request? (i.e. why is the discount wanted)

3. How long is the discount wanted for? (i.e. the full financial year, part of the financial year or some other period of time)

4. What steps have been taken to meet or mitigate the Council Tax liability? (i.e. have other discounts or reductions been applied for/awarded)

Financial Information

Please give monthly amounts for all income and expenditure. To convert weekly amounts to monthly, you should multiply the weekly figure by 52 (weeks) and then divide by 12 (months).

Income

Type	You	Your Partner	Other Adults in Household
Net earnings from employment / self-employment	£		
Working Tax Credit	£	£	£
Child Tax Credit	£	£	£
Pension Credit	£	£	£
Universal Credit	£	£	£
Income Support	£	£	£
Jobseekers Allowance	£	£	£
Employment & Support Allowance	£	£	£
Incapacity Benefit	£	£	£
Housing Benefit	£	£	£
Council Tax Support	£	£	£
Child Benefit	£	£	£
State Pension	£	£	£
Private / Occupational Pension	£	£	£
Disability Living Allowance / PIP	£	£	£
Carers Allowance	£	£	£

Attendance Allowance	£	£	£
Any other state benefit (please specify)	£	£	£
Child / Spousal Maintenance	£	£	£
Money from friends or relatives	£	£	£
Money from non-dependents / lodgers / boarders or sub-tenants	£	£	£
Any other income (please specify)	£	£	£

Capital / Savings

Capital Type	You	Your Partner	Other Adults in Household
Bank accounts (current)	£	£	£
Building Society & savings accounts	£	£	£
Other accounts (e.g. Post Office)	£	£	£
Other capital (e.g. ISA's etc.)	£	£	£
Property* (UK or abroad) value	£	£	£
Other (please specify)	£	£	£

* - This does not include the home you live in

Expenditure (monthly amounts)

Type	You	Your Partner	Payment for Arrears
Rent/Mortgage	£	£	£
Council Tax	£	£	£
Electricity	£	£	£
Gas	£	£	£
Water	£	£	£
TV licence	£	£	£
Satellite / Cable TV	£	£	£
Telephone (landline)	£	£	£
Telephone (mobile)	£	£	£
Broadband	£	£	£
Vehicle – road tax	£	£	£
Vehicle – insurance	£	£	£
Vehicle – fuel	£	£	£
Vehicle – other e.g. lease / servicing	£	£	£
Public transport	£	£	£
Insurance – home	£	£	£
Insurance – life	£	£	£
Insurance - other	£	£	£
Shopping – groceries etc.	£	£	£
Clothing	£	£	£
Regular medical costs	£	£	£
Personal / other costs	£	£	£
Child Care costs	£	£	£

Maintenance	£	£	£
Fines	£	£	£
School costs e.g. meals, clubs etc.	£	£	£
Cigarettes / Tobacco	£	£	£
Alcohol	£	£	£
Other costs (please specify below)	£	£	£

Other costs:

Details of Outstanding Loans/Debt

Name of creditor	Balance owing	Monthly repayment

If you have outstanding debt, have you contacted the creditor directly or a debt advice service to discuss reducing your repayments?

Yes No

If the answer is no to the above question, please explain why below.

About where you live

Do you own the property in respect of which relief is being claimed?

Yes (outright) Yes (mortgaged) No (rented)

If mortgaged:

How much is outstanding? £

What is the property's current estimated value? £

When was the mortgage taken out?

Declaration

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

Please read this declaration carefully before you sign and date it.

- I/we declare that the information I/we have given on this form is correct and complete.
- I/we understand that if I/we give information that is incorrect or incomplete, the Council may take action against me/us. This may include Court action.
- I/we agree that you may use the information I/we have provided to process my/our application for a Council Tax Discretionary Relief payment. You may check the information provided with other sources as allowed by law.
- I/we understand that you may use the information I/we provide in connection with this and other claim for social security benefits that I/we 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/us money if the law allows this.
- I/we know that I/we must let you know in writing about any change in my/our circumstances which might affect me/our claim for financial assistance.

Signature of person claiming

Date

Signature of partner (if applicable)

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.

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

Name of person who filled in the form

Signature

Relationship to the person claiming

Date

July 2020