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|--|--|
| Contact Customer Services Centre<br>01753 475111 |  |
| Ref:-  |  |



Growing a place of opportunity and ambition

Dear

### Council Tax Support Hardship Payment

Thank you for your recent request for extra help towards your council tax costs. To help us respond properly to your request, we need as much information about your circumstances as possible.

Please use the box overleaf to let us know why you think you need extra help and provide **documentary evidence** to support your application. For example, if you are ill, you could provide a letter from your doctor or hospital.

#### You may find it useful to consider the following:

- Do you or a member of your family suffer from ill-health? Please give as much detail as you can and supply evidence to support this if possible.

- Does the shortfall in your benefit particularly affect any children in your family?

- What schools do your children attend?

- Have you had letters concerning court dates and/or other legal action from the council tax section about council tax arrears caused by a shortfall in your benefit? If yes, please give details.

- Have you taken any steps to ease your financial problems? For example, have you asked your landlord to reduce your rent, seen a debt counsellor or seen one of the Council's Housing Advisers? If

yes, please let us know what you have done.

- Have your circumstances changed recently causing you hardship? If yes, please let us know when the change happened and what the change was.

- Do you have any exceptional outlay, such as debt repayments, that we should take into consideration? Please provide evidence of this if possible.

- Is there anything else that we need to know about your problems with the council tax

- Are you in council tax arrears? If 'Yes' how much is the arrears and what period do these arrears represent?

|   |          |        |
|---|----------|--------|
| Council tax arrears?  | Yes / No |        |
| If 'Yes' how much are the arrears?                            |          | £..... |
| How many weeks/months council tax does the arrears represent? |          | .....  |

Now please complete the following form detailing your income and expenditure.  
**Remember to include documentary evidence to support your application.**

Name:  
 Address:  
 Number of people in my household:.....

Reference No.

|  |               |  |                  |
|--|---------------|--|------------------|
|  | <b>INCOME</b> |  | <b>OUTGOINGS</b> |
|--|---------------|--|------------------|

|   | Weekly/Monthly<br>* |  | Weekly/Monthly* |
|---|---------------------|--|-----------------|
| *please delete as appropriate             | £                   | *please delete as appropriate          | £               |
| Wages / Salary                            |                     | Rent                                   |                 |
| Wages / Salary (partner)                  |                     | Council Tax                            |                 |
| JSA (IB) / JSA (C)                        |                     | Water Rates                            |                 |
| Income Support                            |                     | Building / Contents Insurance          |                 |
| Working Tax Credit                        |                     | Life Insurance / Pension contributions |                 |
| Child Tax Credit                          |                     | Housekeeping                           |                 |
| Child Benefit                             |                     | Magistrates' Court Fines               |                 |
| Retirement Pension / Works Pension        |                     | Maintenance Payments                   |                 |
| Incapacity Benefit                        |                     | Travelling Expenses                    |                 |
| Pension Credit (including Savings Credit) |                     | School Meals / Meals at Work           |                 |
| Maintenance                               |                     | Clothing                               |                 |
| Non-dependents contribution               |                     | Laundry                                |                 |
| Disability Related Benefits               |                     | Telephone                              |                 |
| Other income                              |                     | Prescriptions                          |                 |
|   |                     | Childminding                           |                 |
|   |                     | Other                                  |                 |
|   |                     | 1.                                     |                 |
|   |                     | 2.                                     |                 |
|   |                     | 3.                                     |                 |
|   |                     | 4.                                     |                 |
|   |                     | 5.                                     |                 |
| <b>Total Income</b> £                     |                     | <b>Total Outgoings</b> £               |                 |

|                                  |   |
|----------------------------------|---|
| <b>TOTAL INCOME</b>              | £ |
| <b>Take away TOTAL OUTGOINGS</b> | £ |
| <b>Remaining Income</b>          | £ |

I confirm this is an accurate record of my financial position as at .....

Signed .....

We need to monitor how we distribute the payment please help us to do this by ticking the boxes which you feel best apply to you

|       |                          |       |                          |
|-------|--------------------------|-------|--------------------------|
| White | <input type="checkbox"/> | Black | <input type="checkbox"/> |
|-------|--------------------------|-------|--------------------------|

|       |  |       |  |
|-------|--|-------|--|
| Asian |  | Other |  |
|-------|--|-------|--|

- Other Information you would like to add

If there is any additional information you feel may be relevant, please provide details.

Please remember to sign your name in the box below. If someone else has completed the form for you, please make sure they sign it too, then return it to the address at the bottom of this letter. We will let you know the outcome of your request as soon as possible. If it is refused we will let you know why.

You can appeal if you are refused by writing to The Benefits Manager, PO Box 1032, Slough. SL1 1YT

|                                    |   |
|------------------------------------|---|
| <p>Your Signature</p> <p>.....</p> | <p>If you have completed this form for someone else, please sign below</p> <p>.....</p> <p>Your relationship to them</p> <p>.....</p> |
|------------------------------------|---|

If you have any further queries, please do not hesitate to contact the Benefits Service.

Yours sincerely

Benefits Service