

Council Tax Discretionary Reduction – Application Form

Section 13A (1)(c) of the Local Government Finance Act 1992

This form should be filled in by the person who needs the help using the information at the back of this form. If you find it difficult to fill in this form, someone else can fill it in for you. If you are filling in this form for someone else, you must complete the form with the applicant’s details and then provide your details at part 8.

Part 1 About you

Surname or family name (delete as appropriate)

Mr/Mrs/Ms/Miss

All other names – in full

Any other names you may have used

Address

Post Code

Telephone number

We will use this number if we need to contact you about your application or informing you of our decision

Date of Birth

 / /

National Insurance Number

Mobile Telephone number

Email address

If you do not have a National Insurance number please tick this box

Part 2 About your partner

By partner we mean;

- A person you are married to or a person you live with as if you are married to them, or
- A civil partner or a person you live with as if you are civil partners

Do you have a partner ?

No Go to Part 3 Yes Continue Their date of birth / /

Surname or family name

(delete as appropriate)

Mr/Mrs/Ms/Miss

National Insurance Number

All other names – in full

If you do not have a National Insurance Number please tick this box

Part 3 About your children

Number of children under 16 that you receive Child benefit for

Number of children over 16 that you receive Child benefit for

How much assistance do you think you need?

If you do not receive a discretionary reduction please tell us how it will affect you and/or your family.

Please use this space to give any additional information to support of your application.

Please supply any supporting evidence.

Part 6 About your Savings, Investments and other assets, including property

We need to know if you or your partner have any bank accounts, savings, investments or property in the United Kingdom or abroad. *You must provide proof of any savings, investments or property with this application form.*

Do you or your partner have any of the following? You must tick either yes or no for each one.

| | Yes | No | How many accounts? | Total amount | £ | Ref A/C Numbers etc |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--|
| Bank accounts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |
| Building Society accounts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |
| Post Office accounts including Post Office Card accounts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |
| PayPal accounts including PayPal Holding accounts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |
| Premium Bonds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |
| Unit Trusts, ISAs or other investments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |
| Income Bonds or Capital Bonds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |
| Money or property held in trust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |

Do you or your partner have any other savings or investments?

Do you or your partner have access to any credit or loan facilities?

Do you or your partner have any stocks and shares ? No Go to Part 7

Yes Give details below :-

If you have more than three types of stocks and shares, please use a separate sheet. If you are using a separate sheet tick here

1. **Stocks/shares** – approximate value Number of stocks or shares held

Name of the Company the stocks or shares are held in

2. **Stocks/shares** – approximate value Number of stocks or shares held

Name of the Company the stocks or shares are held in

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Name of the Company the stocks or shares are held in

Part 7 Income & Expenditure (if employed please provide your last two payslips)

7a About your regular Income

| | |
|--|--|
| I am employed as a | |
| My employers name and address | |
| I am self employed as | |
| My usual take home pay is | £ <input type="text"/> per week/ fortnight / month (delete as appropriate) |
| Do you have any other job(s) other than your main job (please give details) | |
| Are you in receipt of child tax credit? If yes how much do you receive? | |
| Working tax credit? | |
| Are you in receipt of child benefit, if so how much do you receive? | |
| Do you receive a pension, if so how much do you receive? | |
| Do you receive any State Benefits? (please state which benefit you are in receipt of and how much you receive) | |
| Do you receive any other benefits? (please specify) | |

| 7b Other household income | |
|---|---|
| My partner is employed as a | |
| My partner is employed by (please provide employers name and address) | |
| My partner is self employed as | |
| My partners usual take home pay is | £ per week/ fortnight / month (delete as appropriate) |
| Income received from other adults living in my house (e.g. board) | |
| I receive other income of (please give details) | |

| 7c Regular Outgoings | | |
|--|---|--|
| | Regular Payment - (enter the amount you usually spend on each item (monthly, weekly or fortnightly)) | Total Arrears - (If you are in arrears with any of these items, enter the total arrears owed) |
| Rent / Board | £ per | £ |
| Mortgage | £ per | £ |
| Council Tax | £ per | £ |
| Life Insurance / Endowment | £ per | £ |
| Contents / Buildings Insurance | £ per | £ |
| Sky | £ per | £ |
| Broadband | £ per | £ |
| Maintenance / Child Support | £ per | £ |
| Water | £ per | £ |
| Gas/Coal/Oil | £ per | £ |
| Electricity | £ per | £ |
| TV Licence | £ per | £ |
| TV Rental | £ per | £ |
| Fines | £ per | £ |
| Telephone | £ per | £ |
| Food and Household essentials | £ per | £ |
| Travelling (<i>essential e.g. work/school</i>) | £ per | £ |
| School meals / meals at work | £ per | £ |
| Catalogue | £ per | £ |
| Hire purchase | £ per | £ |
| Loans | £ per £ per | £ £ |
| Credit Cards | £ per | £ £ |
| Cigarettes etc | £ per | £ |
| Other (please specify) | £ per £ per | £ £ |
| TOTAL | £ | £ |

Part 8 Evidence

All applicants must provide evidence to support their request. These include the following:

- Evidence to support your grave hardship *e.g. letter from hospital/doctor/police/fire authority/insurance company*
- Evidence of all income received *e.g. payslips and Benefit entitlement letters*
- Evidence of bank statements, savings, investments or property
- Evidence of any arrears stated in Part 7c

Part 9 Declaration

I declare that the information given on this form is, to the best of knowledge, accurate and complete.

I understand that whilst this application for a discretionary reduction is being considered I must still pay any Council Tax due.

I understand it is an offence to deliberately make a false statement or withhold information in order to obtain a discretionary reduction and to do so could result in Hull City Council taking action against me. This may include court action which could lead to prosecution.

I understand that information I have given to Hull City Council or other Government departments in relation to this or any other application for benefits or financial assistance may be used in connection with this or any other application as allowed by the law.

I understand that I must notify Hull City Council of any changes that may affect my entitlement to any discretionary reduction that I may be awarded.

Signature of applicant :

Date :

If this form has been completed by someone else:

The person who has completed this form must provide their details and sign below to confirm that they have verified with the applicant that the information given is correct and that they have read the declaration and the applicant understands and agrees to it.

I have completed this form on behalf of the applicant because :

(please tick all boxes that apply)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I am their representative / appointee |
| <input type="checkbox"/> | The applicant has agreed for me to complete this form on their behalf |
| <input type="checkbox"/> | I have confirmed with the applicant that the answers given on this form are correct |
| <input type="checkbox"/> | I have read the declaration with the applicant and they agree and understand it |

Name and address of person / organisation completing this form

Daytime telephone number

| |
|----------|
| |
| |
| Postcode |
| |

Signature :

Date :

Information about Discretionary Reductions

The Council has the discretionary power to reduce a liability for Council Tax where the applicant can demonstrate they are in “exceptional grave hardship”. The reduction can apply to an individual or a group of people. An application can be made for any domestic property where Council Tax is chargeable.

The amount of reduction is decided by the Council and is intended to be for short term temporary assistance. The cost of reducing the amount of council tax, under these discretionary powers is met by Hull City Council at the expense of all the city’s council tax payers.

Each application will be treated on its own individual merits and must demonstrate evidence of “exceptional grave hardship”. The taxpayer must satisfy the Council that they have taken all reasonable steps to resolve their situation prior to making an application.

Before an application is considered the applicant must have:

- applied for any discounts or exemptions they are entitled to;
- applied any help under the Council Tax Reduction Scheme;
- sought professional debt advice;
- where appropriate exhausted all possibilities to gain entitlement to benefit.

The amount outstanding must not be the result of wilful refusal to pay or culpable neglect.

Making a claim - Requests for reductions must be made in writing on the Council’s approved application form. The taxpayer, their advocate/appointee or a recognised third party acting on their behalf can complete the application form.

A award of a discretionary deduction will be considered from the date the application is received for the current financial year only. There is no provision to backdate a discretionary reduction unless the Council has contributed to the lateness of issuing a Council Tax bill.

Evidence - The Council may request any reasonable evidence in support of an application.

Changes in circumstances – Any changes to an individual’s circumstances, for example a change to income/expenditure, and this change may affect the reduction that has been awarded an amendment will be made and an adjusted bill issued.

Notification – A notification letter will be sent to all applicants informing of the decision which will include appeal rights.

Appealing a decision – You can appeal against a decision in writing within one calendar month of the decision and ask the Council to look at the decision again. You will need to provide additional information/evidence in order for the appeal to be considered. If you still disagree with the outcome or have not had a response from us within two months you can appeal to the Valuation Tribunal.

Please return this form to:
Freepost RSJC-KKBE-ABXZ
Council Tax Section
Hull Revenues and Benefits
Po Box 15
Hull.
HU1 2BR