



**COUNCIL TAX REDUCTION EXCEPTIONAL HARDSHIP  
FUND CLAIM FORM**

Name of claimant: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Council Tax reference Number: .....

Address: \_\_\_\_\_  
 Post Code: .....  
 Landline no: ..... Mobile no: .....  
 How many bedrooms does this property have? .....  
 Please tick to show if this is a:      Social tenancy .....      Private tenancy .....

**Household details (Names, Ages and relationship to you):**

Name	Date of birth	Relationship to you
Is anyone in your household pregnant?		Yes/No
If yes, please say who is pregnant and when the baby is due	<b>Name</b>	<b>Due date</b>

**I, or a member of my family, will suffer exceptional hardship if I do not receive assistance from the Exceptional Hardship Fund because:** (please explain clearly why you are not able to meet your council tax payments, what you think will happen if you do not receive this money and how long you think this situation is likely to go on for).

<b>Have you applied for a Exceptional Hardship Fund award before?</b> Yes/No	
If yes, when did you apply?	
Was the claim awarded	Yes/No
If yes, please say how much you received?	£
<b>Is anyone else helping you with regard to this claim or any other financial issues?</b> (for example a housing officer, social worker, CAB, housing support officer, etc)	
Yes/No	
<b>If the answer is yes, please give details</b>	
Name	Contact number
<b>What advice have they given you?</b>	
<b>What steps have you taken to act on this advice?</b>	

<b>Additional information</b>	
When did you move to this address?	
If you moved in the last 12 months, please give your previous address	
Do you have any friends or relatives who could help you?	Yes/No
Do you, or any member of your family have any disabilities or health which contribute towards your financial hardship?	Yes/No
If yes, please say which person and give details	
Have you been recently been bereaved? If yes, who and when?	
Do you have any council tax arrears?	Yes/No
If yes, please say how much	£
Please explain what action has taken against you because of your council tax arrears?	
Do you have any savings or property (including holiday homes and timeshares abroad)	Yes/No
Please provide details:	

**For all applicants:**

Is there anything else you think we should know?

*Continue on a separate sheet if required and put your name on top left hand corner*

**Budget Sheet – please enter figures weekly (if monthly, multiply figure by 12 and divide by 52)**

<b>SECTION A - INCOME</b>	<b>Weekly</b>		<b>Leisure</b>	<b>Weekly</b>
Usual take home pay			Going out	
Partners usual take home pay			Takeaways	
Housing Benefit			Alcohol/cigarettes	
Working Tax Credit/Child Tax Credit			Holidays	
Child Benefit			Christmas and birthday	
Job Seekers Allowance/Income Support			<b>Financial products</b>	<b>Weekly</b>
Pension Credit			Loan/card/hire purchase repayments	
State retirement pension			Contents insurance	
Works/private pension			Life insurance	
Sickness/Disability benefit			Mobile phone insurance	
Maintenance			Other	
Money from non-dependants			<b>Children</b>	<b>Weekly</b>
Universal Credit			Childcare	
Other income			Child maintenance	
Other income			School meals	
<b>TOTAL WEEKLY INCOME</b>			Other	
			<b>Travel</b>	<b>Weekly</b>
<b>SECTION B - EXPENDITURE</b>			Getting to work	
<b>Household</b>	<b>Weekly</b>		Car (tax, insurance, MOT, service, fuel)	
Rent			Other	
Council Tax			<b>Other spending</b>	<b>Weekly</b>
Mortgage/Loan repayment			Clothes and shoes	
Ground rent/service charge			Laundry <i>(if you are using a laundromat)</i>	
Water charges			Prescription/dental/glasses	
Gas			Pets	
Electricity			Court fines (including arrears)	
Telephone (land line)			Rent arrears	
Mobile telephone			Utility company arrears	
Housekeeping (food & shopping)			Other	
TV Licence			<b>TOTAL WEEKLY EXPENDITURE</b>	
TV package			Total weekly income (from Section A)	
Internet/broadband			Total weekly expenditure (from Section B)	
Other			Income minus Expenditure (A-B)	

**Please note that if you deliberately give us false information, you may be prosecuted.**

**DECLARATION**

I/we declare that the information I/we have given on this form is correct and complete to the best of my/our knowledge.

I/we will tell you immediately if there are any changes in my/our circumstances which could affect my benefit such as changes in income or the number of people in my/our household.

I/we authorise the Council to make any necessary enquiries to verify the information on this form.

I authorise the West Berkshire Council Council Tax department to disclose information regarding my council account to officers from the housing operations team, in order to assist them in assessing this application.

I/we authorise the Council to cross check the information I/we have given with other departments within the Council, The Valuation Service, other Councils, Department of Work and Pensions, HMRC and any other public bodies involved with the protection of public funds.

I/we understand that I/we have a duty to give the Council such information as it may require to enable it to make a decision.

I/we understand that if I/we give information that is incorrect or incomplete or fail to report any changes that might affect my/our Exceptional Hardship Fund award, I/we may be prosecuted.

**Claimant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Partner's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return this form completed to:**

**Benefits Team, Council Offices, Market Street, Newbury, RG14 5LD**

Please note that we may keep the information you give us on this form on a computer under the data protection Act 1998

If you require further advice regarding the Council Tax Exceptional Hardship Fund you can contact the Customer Services on 01635 519258 or get independent advice from the organisations such as Citizens Advice Bureau.