

# Council Tax Discretionary Fund Scheme Application



Name:

C-Tax ref:

Address:

Daytime phone number:

E-mail address:

This application should be completed after reading our Council Tax Discretionary Discount Policy. This is not an application for means tested Council Tax Reduction. Details on how to make a claim for Council Tax Reduction can be found on our website.

Please note if you are completing this form on behalf of the applicant we will require written authorisation for you to act on their behalf.

1. What are your reasons for applying for the Council Tax Discretionary Discount?  
(i.e. financial difficulty, other debts)

2. Are you doing anything to improve your financial situation?  
(i.e. making arrangements to clear arrears, increasing working hours/moving into work)

3. Please tell us how your circumstances might alter in future that will allow you to meet the shortfall in your Council Tax going forward?

4. Have you or a family member any health problems, disabilities or special dietary needs? Please send any supporting evidence when you return this form. If you have any additional expenses due to health reasons, please tell us here.

5. Regarding discretionary expenditure such as TV packages – have you taken any steps to reduce your packages and payments?

6. Regarding loans, arrears and any other debts – have you taken any steps to reduce the amounts owed or current payment arrangements? (i.e. have you been to a financial advice agency like Citizens Advice Bureau)

## **Income**

Please provide details of all money coming into the household on a weekly basis. This includes any income you and your partner receive on a weekly basis and if any non-dependants resident in the property contribute any money towards the household on a weekly basis.

	<b>Amount per week (£)</b>
Income Support / Job Seekers Allowance	
Employment and Support Allowance / Severe Disablement Allowance	
Working Tax Credit	
Child Tax Credit	
Wages / Salary Who is your employer:	
Child Benefit	
Child Maintenance	
Disability Living Allowance	
Attendance Allowance	
Carers Allowance	
Non-dependant contributions	
Other Income (please specify)	
Other Income (please specify)	
Other Income (please specify)	
Universal Credit	
Total Income	

**Unless you are currently receiving means tested Council Tax Reduction you must supply evidence of all income.**

## **Bank Accounts, Investments and other Capital**

Please provide details of all bank accounts, investments and any other capital or properties held.

	<b>Amount per week (£)</b>
(please specify)	
(please specify)	
(please specify)	
(please specify)	

**Unless you are currently receiving means tested Council Tax Reduction you must supply evidence of anything declared above.**

## **Expenditure**

Please provide details of all expenses that the household has on a regular basis. You will need to make it clear how much is spent on a weekly basis. Please include any arrears that you are currently paying for.

	<b>Amount per week (£)</b>
Food	
Toiletries and Household products	
Gas	
Electricity	
Water Rates	
Council tax	
Rent / Mortgage Payments	
Internet	
Cable / Satellite TV	
Telephone	
Mobile Phone	
Petrol / Diesel	
Public Transport	
TV License	
Clothes	
Vehicle Expenses	
Home Insurance	
Life Insurance	
Other Insurance (please specify)	
Prescription costs	
Childcare costs (including school clubs)	
School meals	
Other (please specify)	
Other (please specify)	
Other (please specify)	
Total Expenditure	

**You must supply evidence of all expenditure.**

## **Loans and Debts**

Please give details of all loans and debts that are currently outstanding, including total amount outstanding and repayments that are currently due.

	<b>Amount outstanding (£)</b>	<b>Payments per week (£)</b>
Mortgage arrears		
Rent arrears		
Utility arrears		
Court fines		
Loan 1		
Loan 2		
Catalogue		
Credit card 1		
Credit card 2		
Store cards		
Other (Please specify)		
Other (Please specify)		
Total Loans and Debts		

**You must supply evidence of all loans and debts.**

## **Other Information**

Please use the box below to provide any other information that may be of use in assessing your application:

## **Declaration**

I confirm the details given are correct and I will notify you of any changes to my household income, capital or other circumstances as soon as any change happens.

I understand that if I give information that is false this could lead to legal proceedings being taken against me.

By making an application I authorise St Albans City and District Council to check the information I have declared on this form against other records held by the Council, including Housing Benefit and Council Tax Support records, Council Tax Records and information held by the Housing Department.

Your signature:

Please print name:

Date: