

## Council tax support hardship application form

Customer name:						
Customer address:						
Reference:						
Please complete this form if you would like extra help towards your council tax support. 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 <b>documentary evidence</b> 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 council tax support particularly affect any children in your family?						
What schools do your children attend?						
<ul> <li>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.</li> </ul>						
<ul> <li>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.</li> </ul>						

<ul> <li>Have your circumstances changed reconnected and what the change was.</li> </ul>	ently causing you hardship? If yes, please let us know when the change
<ul> <li>Do you have any exceptional expenses provide evidence of this if possible.</li> </ul>	s, such as debt repayments, that we should take into consideration? Please
Is there anything else that we need to	know about your problems with council tax?
Are you in arrears with your council ta	x? 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:	Reference No.					
Address:						
Number of people in my hou	ısehold:					
		INCOME Weekly/Monthly*				OUTGOINGS Weekly/Monthly*
*please delete as appropriate		£	*please delete as appropriate		riate	£
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 Sa	vings Credit)		School me	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.			
Total income £				Total outgoings £		
	TOTAL INCOME			£		
	Take away T	OTAL OUTGOI	NGS	£		
Remaining Income				£		
I confirm this is an accurate	record of my fin	ancial position a	ns at			
Signed						

We monitor h best apply to		ese payments, please help	us to do this by ticki	ing the boxes which you feel
White	Black			
Asian	Other			
<ul> <li>If there is a</li> </ul>	ny additional inform	– nation you feel may be rele	vant, please provide	details.
If there is any	vadditional informa	tion you feel may be releva	nt nlease provide d	atails
,		form the following organis		
MyCouncil, Landmark Place High Street, Slough SL1 1JL		Age Concern Sloug The Village, Buckir 102 -110 High Stre SL1 1HL 01753 822890	igham Court	Housing Advice Service MyCouncil, Landmark Place High Street, Slough SL1 1JL 01753 475111
	0 3	me in the box below. If son MyCouncil or send it to the	•	oleted the form for you, please make sure m of this letter.
We will let yo	u know the outcom	e of your request as soon as	s possible. If it is refu	used we will let you know why.
Your signature		If you have completed this form for someone else, please sign below		
		Your relationship to them		

Please return this form to Slough Borough Council, Benefits Service, PO Box 1032, Slough, Berkshire, SL1 3YT. If you have any further queries, please do not hesitate to contact the Benefits Service.