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| **Bridgend County Borough Council****COUNCIL TAX DISCRETIONARY RELIEF POLICY APPLICATION** |  |
| PLEASE ATTACH THE SUPPORTING DOCUMENTATION REQUESTED AT THE END OF THIS FORM |
| Full Name: | Council Tax Account No: |
| Date of Birth: |
| Address of property for which relief is being claimed: |
| Phone Number: | Email Address: |
| Period to which application relates: | Total amount of remission being applied for: £ |

**TX**

**S13APP**

**\*\*\*\*CUST REF\*\*\*\***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| * Is the property substantially adapted for a disability?
 |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |
| * Are you or your partner a carer?
 |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |
| * Is care being provided to anyone in the household (if so, who and how often)?
 |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |
| * Is anybody in your household terminally ill (if do, who)?
 |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |
| Children |
|  |  |  |  |
| How many dependent children do you have living with you? |  |  | 1 |
|  |  |  |  |
|  |  |  | 2 |
|  |  |  |  |
|  |  |  | 3+ |
|  |  |  |  |
| Do you have a disabled child? |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |

|  |
| --- |
| About you: |
| Are you: |  |  |  |
| * Single
 |  |  |  |
|  |  |  |  |
| * Couple
 |  |  |  |
|  |  |  |  |
| * Lone Parent
 |  |  |  |
|  |  |  |  |
| * Couple with children
 |  |  |  |
|  |  |  |  |
|  |  |  |  |
| * Are you or your partner disabled
 |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |

|  |
| --- |
| Why are you unable to pay your Council Tax Bill?(Tick all that apply and give a brief explanation below) |
|  |  |  |  |
| Mental Health Issues |  |  |  |
|  |  |  |  |
| Severe Financial Pressure |  |  |  |
|  |  |  |  |
| Personal Crisis or Difficult Event |  |  |  |
|  |  |  |  |
| Young Person Receiving Care |  |  |  |
|  |  |  |  |
| Other Reason |  |  |  |
|  |  |  |  |
| Explanation: |

|  |
| --- |
| Other adults in your household |
| Name | Age | Relationship to you | Employment Status / Income |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Financial Circumstances |
|  |  |  |  |
| * Do you have any capital or savings (if so, how much)?
 |  |  | Yes £ |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |
| * Do you own your own home?
 |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |
| * Do you have mortgage outstanding on your home (if so, how much is outstanding)?
 |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |
| * Estimate the value of your home (if you are the owner)
 |  |  | £ |
|  |  |  |  |
| * Do you own any additional property?
 |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |
| * Do you have any valuable assets you can sell to pay your Council Tax Bill?
 |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |
| * Do you have any access to financial resources from family or friends?
 |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |
| * Are you able to work? (If not, please explain why in the supporting statement)
 |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |
| * Can you increase your income?
 |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |
| * Do you undertake any voluntary work? (If so, please provide details in the supporting statement)
 |  |  | Yes |
|  |  |  |  |
|  |  |  | No |
|  |  |  |  |

|  |
| --- |
| Please give details regarding your income and expenditure |
| Income | Amount Weekly£ | Amount Monthly£ | Please give further information here if necessary |
| Wages / Salary (self) |  |  |  |
|  |  |  |  |
| Wages / Salary (partner) |  |  |  |
|  |  |  |  |
| Child Tax Credit |  |  |  |
|  |  |  |  |
| Housing Benefit |  |  |  |
|  |  |  |  |
| Council Tax Support |  |  |  |
|  |  |  |  |
| Working Tax Credit |  |  |  |
|  |  |  |  |
| Child Benefit |  |  |  |
|  |  |  |  |
| Student Grant |  |  |  |
|  |  |  |  |
| Maintenance received |  |  |  |
|  |  |  |  |
| Income Support |  |  |  |
|  |  |  |  |
| Jobseekers Allowance |  |  |  |
|  |  |  |  |
| Employment & Support Allowance |  |  |  |
|  |  |  |  |
| Disability Living Allowance |  |  |  |
|  |  |  |  |
| Personal Independence Payment |  |  |  |
|  |  |  |  |
| Severe Disablement Allowance |  |  |  |
|  |  |  |  |
| Universal Credit |  |  |  |
|  |  |  |  |
| Other State Benefits |  |  |  |
|  |  |  |  |
| State Retirement Pension |  |  |  |
|  |  |  |  |
| Private / Works Pension |  |  |  |
|  |  |  |  |
| Pension Credit |  |  |  |
|  |  |  |  |
| Carers Allowance |  |  |  |
|  |  |  |  |
| Other Income (please specify) |  |  |  |
|  |  |  |  |
| Income from household members |  |  |  |
| TOTAL INCOME |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Expenditure | Amount Weekly£ | Amount Monthly£ | Please give further information here if necessary |
| PRIORITY PAYMENTS |  |  |  |
|  |  |  |  |
| Rent |  |  |  |
|  |  |  |  |
| Council Tax |  |  |  |
|  |  |  |  |
| Gas |  |  |  |
|  |  |  |  |
| Electricity |  |  |  |
|  |  |  |  |
| Water Rates |  |  |  |
|  |  |  |  |
| Food |  |  |  |
|  |  |  |  |
| Household (cleaning etc) |  |  |  |
|  |  |  |  |
| Clothing |  |  |  |
|  |  |  |  |
| TV Licence |  |  |  |
|  |  |  |  |
| Secured Loans / Mortgage |  |  |  |
|  |  |  |  |
| NON-PRIORITY PAYMENTS |  |  |  |
|  |  |  |  |
| Overpayment Deductions |  |  |  |
|  |  |  |  |
| Satellite / TV package |  |  |  |
|  |  |  |  |
| Broadband / Internet |  |  |  |
|  |  |  |  |
| Mobile phone |  |  |  |
|  |  |  |  |
| Telephone |  |  |  |
|  |  |  |  |
| Leisure costs |  |  |  |
|  |  |  |  |
| Credit cards |  |  |  |
|  |  |  |  |
| Court Orders |  |  |  |
|  |  |  |  |
| Court fines |  |  |  |
|  |  |  |  |
| Catalogues |  |  |  |
| SHEET TOTAL (1) |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Weekly Income | £ |  | Total Monthly Income | £ |
|  |  |  |  |  |
| Total Weekly Expenditure | £ |  | Total Monthly Expenditure | £ |
|  |  |  |  |  |
| Difference | £ |  | Difference | £ |

|  |  |  |  |
| --- | --- | --- | --- |
| Expenditure | Amount Weekly£ | Amount Monthly£ | Please give further information here if necessary |
| Motoring costs |  |  |  |
|  |  |  |  |
| Car maintenance |  |  |  |
|  |  |  |  |
| Car loan |  |  |  |
|  |  |  |  |
| Car insurance |  |  |  |
|  |  |  |  |
| Car tax |  |  |  |
|  |  |  |  |
| Motability payment |  |  |  |
|  |  |  |  |
| Travel, bus fares, taxi, etc |  |  |  |
|  |  |  |  |
| House insurance |  |  |  |
|  |  |  |  |
| Repairs / replacement household items |  |  |  |
|  |  |  |  |
| Repairs / maintenance of property |  |  |  |
|  |  |  |  |
| Other insurance (please specify) |  |  |  |
|  |  |  |  |
| Other loans |  |  |  |
|  |  |  |  |
| Alcohol |  |  |  |
|  |  |  |  |
| Cigarettes |  |  |  |
|  |  |  |  |
| Membership / subscriptions |  |  |  |
|  |  |  |  |
| Other (please specify) |  |  |  |
| SHEET TOTAL (2) |  |  |  |
|  |  |  |  |
| TOTAL EXPENDITURE |  |  |  |

|  |
| --- |
| Financial Assistance |
|  |  |  |  |
| Have you approached any organization to assist with your current financial situation such as Citizen Advice Bureau, Welfare Rights or Step Change? |  |  | Yes  |
|  |  |  |
|  |  | No |
|  |  |  |  |
| Please provide details: |
| Please provide details of the steps you have taken to reduce your outgoings prior to submitting the application: |

|  |
| --- |
| Supporting Information |
| Please use this opportunity to make us aware of any further information to support your application providing detailed reasons as to why the Council should consider remission with regard to the interests of its Council Tax payers. |
|  |
| **Supporting documentation:****To assist us in determining your application, please supply:****1. Proof of all income received for you and your partner (if applicable) for the last six months. This includes wages, state benefits & maintenance.** **2. Six months transactions for all bank, building society, post office, savings & investment accounts that you and your partner hold including evidence of any premium bonds held.****3. An up-to-date mortgage statement (if you own your own home).** **4. Details of any additional property or land you or your partner own including mortgage statements & valuations.****5. Any additional information to support your application.** |

|  |  |
| --- | --- |
|  |  |
| Claimant’s Signature: |  |
|  |  |
| Partner’s Signature: |  |
|  |  |
|  |  |
| Date: |  |

**Declaration:**

* **I/we declare that the information I/we have given on this form is correct and complete**
* **|/we understand that if the information I/we have given is incorrect or incomplete, I/we will be asked to repay the Discretionary Council Tax award and you may take action against me, including court action.**
* **|/we give you permission to use any information you have collected from my/our application for a Discretionary Council Tax award to help decide whether this can be granted. You may check some of the information with other sources as allowed by law**
* **You may use any information I/we have provided in connection with this and any other claim for Social Security benefits that I/we have made or may make. You may give information to other Government organisations as allowed by law**
* **|/we understand that the Council is under a duty to protect public funds it administers and to this end may use the information I/we have provided on this form for the prevention and detection of fraud. I/we understand that this information may be shared with other bodies responsible for auditing and administering public funds for these purposes**

**The Council in its deliberation must consider when making its decision:-**

**• If the taxpayer would sustain material difficulty if the authority did not grant relief, and**

**• It would be reasonable for the Authority to make such a decision, having regard to the interests of persons liable to pay Council Tax set by it**

Please return this form to: taxation@bridgend.gov.uk

Revenues Section

Bridgend County Borough Council

Angel Street

Bridgend

CF31 4WB