

|                 |  |                                    |  |
|-----------------|--|------------------------------------|--|
| <b>Name:</b>    |  | <b>Council Tax Account Number:</b> |  |
| <b>Address:</b> |  | <b>Date:</b>                       |  |

## **Application for Discretionary Discount / Exceptional Hardship Scheme Payment**

### **What is a discretionary discount?**

Teignbridge District Council have a discretionary power to reduce the amount of Council Tax a person is liable to pay by such amount as it thinks is appropriate. This power can be used in relation to individual cases or by determining a class of case in which liability is to be reduced

The intent behind this legislation is to allow billing authorities to create local discounts to cater for local circumstances, for example flooding, and to provide support in cases of exceptional financial hardship.

Discretionary discounts will generally be considered only in cases of exceptional circumstance, or where a tax payer is facing exceptional financial hardship.

### **What is an Exceptional Hardship Scheme Payment (EHSP)?**

An EHSP is a payment to help people who have applied for Council Tax Reduction (CTR) and who are facing exceptional hardship meeting the cost of their outstanding Council Tax liability.

It is available to council tax payers who are in receipt of Council Tax Reduction, or who would be but for changes made to the qualifying criteria for Council Tax Reduction and are experiencing exceptional financial hardship.

The EHS is also available to provide transitional protection to council tax payers who experience financial hardship as a result of receiving reduced support under the new Council Tax Reduction Income Banded Scheme.

It will be awarded at the discretion of the Authority after careful consideration of your family circumstances. It will usually be made as a one off payment, reducing the amount of the outstanding Council Tax liability.

### **Apply for an Exceptional Hardship Scheme Payment.**

To help us decide if we can give you extra help towards your outstanding Council Tax liability, please answer the following questions. If you decide to apply and we ask you further information, please provide it as soon as possible.

Please upload the completed form at [www.teignbridge.gov.uk/contactus](http://www.teignbridge.gov.uk/contactus)  
Or post to : Teignbridge District Council, Benefit Services, PO Box 2, Forde House, Brunel Road, Newton Abbot, TQ12 4YR

**Your day time contact number and email address :**

**Which address are you applying for Discretionary Discount / EHSP for (please tick)**

**this address**  
or  
 **different from the front page** (please list below)

**Council Tax Account reference number:**

**Please tell us about the Council Tax arrears**  
How much do you owe? £  
When did the arrears start?

Have you received a reminder?  
 Have you received a summons?  
 Has a liability order been granted?

**If you do not have any arrears, please tell us how you have managed to pay so far**

**I can afford to pay £**                      **per month towards my council tax**

**Have you?**

Asked us to review your instalment plan  
 Asked us to check your Council Tax liability  
 Sought money or budgeting advice?  
 Had a benefit check (to make sure you are getting all the help you are entitled to)  
 Considered taking in a lodger  
 Asked non dependants or lodgers, to increase their contribution

**What period would you like any award to cover?**

**From**

**To**

**How much are you asking for?**

**Please tell us about how you will suffer exceptional hardship if you don't receive Discretionary Discount / Exceptional Hardship Scheme Payment**

If you are affected by a change to the CTR scheme please tell us how it has affected your ability to pay your council tax charge?

**Are you or your partner a care leaver?**

**Yes / No**

**Do you or any member of your household have any health problems, caring responsibilities, disabilities or vulnerabilities?**

If yes, please tell us a little bit about them and how these affect your finances (incoming and outgoing) and the families budgeting.

Are you the only person aged over 18 who lives at this address?

Yes

No

If no, please list the other occupiers below and their incomes

| Full Name | Income type and amount |
|-----------|------------------------|
| 1.        |                        |
| 2.        |                        |
| 3.        |                        |
| 4.        |                        |

If any of the above are full time students, please say who - this person would normally have received a student certificate from their college or university.

If you and/or your partner are affected by the introduction of the Minimum Income Floor, please state

how many hours a week you work

how many hours a week your partner works

Tell us a little bit about your/your partners business?

What steps have or can you and/or your partner take to increase the self-employed income?

To increase the hours of work

To increase the self-employed income

Can you tell us what factors might affect you/your partner from working more hours –

Please tell us what factors might affect you/your partner from increasing your self-employed income?

Do you or anyone else who lives with you own or part own any property or land?

No

Yes

If yes, please confirm the address and who lives at the property.

**Do you have any relatives or friends who could help you financially?**

No

Yes

If yes, please give details.

**Please tell us about any recent or future changes that affect you or a member of your household which will affect your ability to pay the outstanding Council Tax?**  
 e.g. moving, starting/stopping work, a change to your household, bereavement, relationship breakdown

| <b>Your monthly income and expenses Please convert weekly to monthly</b> |            |                |
|--------------------------------------------------------------------------|------------|----------------|
| <b>Income</b>                                                            | <b>You</b> | <b>Partner</b> |
| Net earnings from self-employment                                        |            |                |
| Net earnings from employment                                             |            |                |
| Universal Credit                                                         |            |                |
| Income Support /Jobseekers /Employment and Support Allowance             |            |                |

|                                                                                   |  |  |
|-----------------------------------------------------------------------------------|--|--|
| Working Tax Credit                                                                |  |  |
| Child Tax Credit                                                                  |  |  |
| Child Benefit                                                                     |  |  |
| Maintenance received                                                              |  |  |
| Annuity payments                                                                  |  |  |
| Occupational pension                                                              |  |  |
| Disability Living Allowance care or<br>Personal Independence Payment daily living |  |  |
| Disability Living Allowance mobility or<br>Personal Independence Payment mobility |  |  |
| Carers Allowance                                                                  |  |  |
| Attendance Allowance                                                              |  |  |
| Other benefits                                                                    |  |  |
|                                                                                   |  |  |
| Other income                                                                      |  |  |
|                                                                                   |  |  |
| <b>Total</b>                                                                      |  |  |

| <b>Outgoings</b>                                        | You | Partner      |
|---------------------------------------------------------|-----|--------------|
| <b>Priority Household Outgoings</b>                     |     |              |
| Mortgage payments                                       |     |              |
| Mortgage arrears                                        |     |              |
| Rent (after any Housing Benefit or allowances deducted) |     |              |
| Rent arrears                                            |     |              |
| Council tax (after Council Tax Reduction deducted)      |     |              |
| Electricity                                             |     |              |
| Gas                                                     |     |              |
| Water charges                                           |     |              |
| TV licence                                              |     |              |
| Home insurance contents and/or buildings                |     |              |
|                                                         |     |              |
| <b>Total</b>                                            |     |              |
| <b>Priority Debts</b>                                   | You | Your Partner |
| Child Maintenance                                       |     |              |
| County Court Judgements                                 |     |              |
| Magistrates Fines                                       |     |              |
| Hire Purchase                                           |     |              |
| Debt Relief Order or Individual Voluntary Arrangement   |     |              |

|                                                                  |            |                     |
|------------------------------------------------------------------|------------|---------------------|
|                                                                  |            |                     |
|                                                                  |            |                     |
| <b>Non priority debts</b>                                        |            |                     |
| Credit/Store cards                                               |            |                     |
| Catalogue debts                                                  |            |                     |
| Bank overdraft                                                   |            |                     |
| Bank loans                                                       |            |                     |
| Personal loans                                                   |            |                     |
|                                                                  |            |                     |
| <b>Expenditure</b>                                               | <b>You</b> | <b>Your partner</b> |
| Ground rent/service charges                                      |            |                     |
| Life insurance/Endowments                                        |            |                     |
| Private Pension                                                  |            |                     |
| Food/Housekeeping                                                |            |                     |
| Car fuel, parking, insurance, repairs                            |            |                     |
| Fares & Travel                                                   |            |                     |
| Telephone - landline                                             |            |                     |
| Telephone - mobile                                               |            |                     |
| TV or satellite or internet package                              |            |                     |
| Child care                                                       |            |                     |
| Appliance rental                                                 |            |                     |
| Clothing                                                         |            |                     |
| Laundry                                                          |            |                     |
| Pets, insurance, food                                            |            |                     |
| Tobacco                                                          |            |                     |
| Prescriptions / Health costs                                     |            |                     |
| Dentists & Opticians                                             |            |                     |
| Sports, hobbies & entertainment                                  |            |                     |
| Charities                                                        |            |                     |
| Other – please include likely one offs or ad hoc sorts of things |            |                     |
|                                                                  |            |                     |
|                                                                  |            |                     |
|                                                                  |            |                     |

|                                      |                    |                        |
|--------------------------------------|--------------------|------------------------|
| <b>Details of Savings or Capital</b> | <b>Your amount</b> | <b>Partners amount</b> |
| Current account                      |                    |                        |

|                                   |  |  |
|-----------------------------------|--|--|
| Savings/deposit account           |  |  |
| Any other accounts or investments |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |

## Declaration

**Please check that you have completed the form accurately and then read and sign the following declaration.**

**I understand all of the following:**

- I may be asked to provide documents or supporting details
- If I give information that is incorrect or incomplete you may take action against me. This may include court action.
- You will use the information I have provided to check my awards for Council Tax Reduction and/or Housing Benefit. You may check some of the information with other council records and with other councils.

I know that I must let the Revenue & Benefit Services know about any changes in my circumstances that may affect my award.

I declare that the information I have given on this form is correct and complete

**Signature of person claiming**

(This should be the liable person or same person who made the application for Council Tax Reduction)

**Today's Date**

**If someone else has helped you complete this form, please give their details here:**

**Full Name**

**Relationship to you**