



Council Tax Reduction Application Form - applicable to Council Tax payers experiencing severe financial hardship

Guidance for applicants

Harrow's Council Tax Reduction offers a reduction to the amount of Council Tax an individual is required to pay, where they are experiencing severe financial hardship. This scheme is covered by additional discretionary powers given to the local authority under Section 13A (1) (c) of the Local Government Finance Act 1992. This enables the Council to consider further requests to reduce the Council Tax liability where statutory discounts, exemptions and reductions have either been applied or do not apply.

When deciding on whether to grant a discretionary award, the council will consider each application on its own merits and in line with the Harrow policy.

To apply for a discretionary reduction from the Council Tax Reduction please complete all sections of this form and return to the address on page 9.

Please note that if a joint bill has been issued, then only one application form is required to be completed. Only one income and expenses form needs to be completed if the other person is your partner, however if you are jointly liable with a person(s) who is not your partner, then each liable person **must** complete and sign an income and expenses form.

Additional income and expenses forms for jointly liable applicants can be found online:
www.harrow.gov.uk/incomeandexpensesform

About you - Name of applicant(s)

Telephone number

Email address

Address of property for which discretionary reduction is being requested

Council Tax Account Number

Do you own or rent the property you are claiming a discretionary reduction for? Please tick which applies

Own

☐

Rent

☐

Are you at threat of eviction or repossession?

Yes

☐

No

☐

If you have answered yes, please provide further detail, including the expected date of eviction or repossession and supply documentary proof.

About your household.

Please give us the name and age of the people within your household (if you need to add further detail as necessary, you can do this on the additional information section at the end of the form.

Name

Age

Name

Age

Name

Age

Name

Age

Please detail the circumstances of all the other people who live with you, including their income e.g. "My elderly mother who lives with me receives State Retirement Pension and a Private Pension"

In order to consider your application, please answer the following questions:

What are your reasons for applying for a reduction in Council Tax?

You need to explain fully below, the circumstances that are creating any financial difficulty and how long you expect these circumstances to continue.

What steps have you taken, or will you be taking to improve your financial situation?

If you have approached an organisation for financial assistance, or money management advice, provide details below.

Have you claimed Council Tax Support?

Yes

No

Are you receiving financial assistance from any other source? If yes, can you provide details and evidence.

Do you or your partner own any other properties or land?

Yes

No

If yes, do you or your partner receive any income from property or land?

Yes

☐

No

☐

If you do own any property or land, what is the current value and how much rental income are you in receipt of?

Do you have any outstanding appeals with the Valuation Office Agency (VOA), the Department for Work and Pensions (DWP), any other appeals and/or claims for insurance, or compensation in progress?

Yes

☐

No

☐

If yes, provide the details below and any evidence:

Now you must complete the income and expenses sections

Statement of Income and Expenditure

Please complete this form. It will help us to decide if we can give you any extra help with your Council Tax. Give as much information as you can. You must provide proof of your income and expenditure.

Income Details (State whether the income is per week, fortnight, month or quarter)

	Your Income	Your Partner's Income
Housing Benefit	£ per	£ per
Universal Credit	£ per	£ per
Income Support/Job Seekers Allowance	£ per	£ per
Tax Credit	£ per	£ per
Child Benefit	£ per	£ per
Other benefits including Attendance Allowance, Disability Living Allowance, Invalid Care Allowance	£ per	£ per
State Pension	£ per	£ per
Other pensions	£ per	£ per
Take home pay	£ per	£ per
Maintenance payments	£ per	£ per
Student grant	£ per	£ per
Rent paid by lodgers and tenants	£ per	£ per
Rent from other properties	£ per	£ per
Other income	£ per	£ per
Total	£ per	£ per

Capital and Savings	Amount of money you have	Amount of money your partner has
Total of all bank and/or building society accounts Premium Bonds		
Equity in any property you own		
Stocks, Shares, Unit Trusts		
Life Assurance/Endowments		
ISA's, Personal Equity Plans (PEPs) and TESSA accounts		
Land or buildings other than your home		
All other capital		

Please now complete the expenditure form

Expenditure details (State whether the income is per week, fortnight, month or quarter)

Item of expenditure	Amount of your expense	Amount of your partner's expense
Rent	£ per	£ per
Council Tax	£ per	£ per
Housekeeping/food	£ per	£ per
Food - special diet	£ per	£ per
School meals	£ per	£ per
Clothing	£ per	£ per
Gas	£ per	£ per
Electricity	£ per	£ per
Water	£ per	£ per
TV Licence	£ per	£ per
TV - (Sky, Virgin etc.)	£ per	£ per
Telephone (landline)	£ per	£ per
Mobile phone	£ per	£ per
Tobacco/Alcohol	£ per	£ per
Gambling	£ per	£ per
Insurance (Life/Home etc.)	£ per	£ per
Hire Purchase	£ per	£ per
Loans	£ per	£ per
Credit cards	£ per	£ per
Car costs (tax, insurance, petrol etc.)	£ per	£ per
Court orders/fines	£ per	£ per
Council Tax arrears	£ per	£ per
Rent arrears	£ per	£ per
Work expenses	£ per	£ per
Maintenance payments	£ per	£ per
Child Care Costs	£ per	£ per

Payments to the Department for Work and Pensions	£	per	£	per
PEP, personal pension, annuity	£	per	£	per
Other exceptional or unavoidable expenses (give details of what these are)	£	per	£	per

Please tell us if any of your debts will be paid off within the next 12 months and what these debts are.

Each application will require evidence to support the request, these include the following:

Two months bank statements for all accounts held

Evidence of priority expenditure e.g. rent, mortgage, utility bills

Evidence of all income received

Evidence of debts and repayments

Evidence of savings, capital, stocks, shares, value of property

Any other additional information to support your application

Amount required from Council Tax Protection Fund

£

Period of Council Tax Protection Fund Award

Date from / / Date to / /

Declaration

I am asking for extra help with my Council Tax, as I am experiencing severe financial hardship.

As far as I know, the information I have given is correct and complete to the best of my knowledge. I understand that it is a criminal offence, for which I may be prosecuted, to make a statement that I know to be incorrect, or to provide documentation that is false. I also understand that it is an offence to fail to disclose information to the authority, where the law required it, after this form is complete.

This authority is required by law to protect the public funds it administers. We may share information you provide with other bodies responsible for auditing, or administering public funds, or where undertaking a public function in order to prevent and detect fraud. We may also share the information you provide to a Specified Anti-Fraud Organisation (SAFO) for the purpose of preventing and detecting fraud. For further details on this, please visit www.harrow.gov.uk/privacy and select Corporate Anti Fraud Team.

I will notify you immediately if my circumstances change.

As far as I know, this information is correct.

Signature
(Claimant)

Print name

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Date

/ /

Signature
(Partner)

Print name

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Date

/ /

Signature (of the person who completed the form, if not the claimant or partner)

Date

/ /

Print name

Contact address of applicant (if different to property address)

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If this form has been filled in by someone other than the claimant or partner, please tell us why you are filling in the form

--

Name and contact details of appointee/advocate/authorised third party (where applicable)
Please provide evidence

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Telephone number

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Email address

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If there is any other information you think we should take into account, you can put it in the additional information section at the end of the form and return it along with any additional evidence to support your claim.

A decision will be made on your claim within a month of getting all the information we need.

Please return the form and any supporting documentation within one month. the address is:

Harrow Council, Council Tax, PO Box 731, Harrow, HA3 3RG

If you do not return your form within one month, you may need to reapply.

Additional Information

Address Harrow Council, Council Tax, PO Box 731, Harrow,
HA3 3RG

Web www.harrow.gov.uk