



## Information Pro-forma for Local Council Tax Reduction Exceptional Hardship Payment

Name:  
Address:

Claim Reference:-  
Date of Issue:-

### 1. About your current property:-

If you have moved in the past 12 months, please confirm your previous address and why you have moved:-

### 2. Personal Circumstances:-

Have you or a member of your household any health issues which means that you need to live at this property?

YES / NO

Please give details:-

Has the property been adapted in any way to meet the needs of a household member? YES / NO

Please give details:-

Are there any other circumstances that you consider the Council should consider as to why you need to live in this property and are unable to move to a cheaper alternative property?

How much Exceptional Hardship Payment are you claiming for? £

Please provide details of the exceptional financial hardship that you wish the Council to take into account

Please use the space below to tell us how a shortfall in your council tax support is affecting your household and any additional information that you consider the Council should be aware of in support of you application:-

### 3 Financial Information:-

Please give details of all your income:-

<b>Income</b>	<b>Amount £</b>	<b>Frequency</b>
Your Wages after Tax and National Insurance		
Your Partner's Wages after Tax and National Insurance		
Self Employed Earnings		
State-paid Benefits (please give details)		
Employment and Support Allowance		
Personal Independence Payments		
DLA Care component		
DLA Mobility component		
Jobseekers Allowance		
Pension Credit		
Occupational or Works Pensions		
Child Tax Credit		
Working Tax Credit		
Child Benefit		
Housing Benefit Entitlement		
Maintenance Received		
Other Income (please give details)		
<b>Total</b>		

### Capital and Savings

Please confirm your total capital and savings £

**4. Please give details of all your outgoings and expenditure:**

	Amount £	Frequency
Rent		
Gas		
Electricity		
Council Tax		
Food		
Water		
Insurance ( please specify)		
Clothing		
Mobile Phone		
Other Phone		
Sky TV / Virgin Media		
Internet and Broadband		
TV Licence		
Travelling Expenses (please specify)		
Tabacco and Cigarettes		
Alcohol		
Car Payments (please specify)		
Hire Purchase payments		
Court fines		
Other Debts – please specify		
Catalogue payments		
Arrears of utility payments		
Arrears of rent		
Payments for pets (please specify)		
Payment for mobility vehicle		
<b>Total</b>		

**DECLARATION**

**Please read this declaration carefully before you sign.**

- If I give information that is incorrect or incomplete, you may take action against me.
- You may use the information I have provided to check with other sources within the Council, Rent Service and other Councils.
- You may use the information provided in connection with this and any other claim for Social Security benefits and may give this information to other government organisations, subject to the law allowing this.
- I will advise you of any changes to my circumstances that affect my claim immediately.

Signature:-

Date:-

**HOW YOUR INFORMATION IS USED:** The way in which your information may be used and shared by the Council is set out in the council's Full Privacy Notice / Fair Processing Notice. This is available via our website at <https://stratford.gov.uk/privacystatement>, or you can ask for a copy by writing to the Council at Legal Services, Stratford-on-Avon District Council, Elizabeth House, Church Street, Stratford-upon-Avon CV37 6HX