

Council Tax Exceptional Hardship Fund Application

Are you currently in receipt of Council Tax Support or were you in receipt of Council Tax Support on 31 March 2025? Yes Please complete the form below in full. No You will not be eligible for assistance under this scheme. Please contact the Council Tax team to discuss further options					
Applicant Information	on				
First name:					
Last name:					
Council Tax Account Number (optional):					
Address (please include postcode):					
Daytime telephone numb	er:				
Email address:					
Are there any other	No If No	, please go to General Inform	nation on page 2.		
people in your home?	Yes If Yes	, please complete Household	l Information below.		
Household Informat	ion				
How many adults live in y	our home, not including	yourself?			
	Details of	other adults			
First Name	Last Name	Date of Birth	Relationship to you		

How many children (under 18) live in your home?

	Details of children					
First Name	Last Name	Date of Birth	Relationship to you			
General Information						
to help us with your a	· ·	ns, giving as much inf	j			
Please describe your curre						
financial situation and exp why you consider this to b						
exceptional hardship?						
Have you experienced any						

Have you experienced any unforeseen exceptional event or crisis recently in your life, which has significantly impacted your ability to pay your council tax?

Yes If yes, please provide details:

How long do you expect this situation to continue for?

Does anybody in your household	No	
including yourself have any health problems or disabilities?	Yes	If yes, please provide details:
Please confirm if you have any outstanding debts.	No	
	Yes	If Yes, please list the debts and confirm how you are managing them:
		Are you receiving any support or advice from a debt advice agency?
		No
		Yes
		Please explain what steps you have taken to improve your situation:
Are there any other circumstances you'd like to tell us about to support your application for exceptional hardship?		
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Financial Information

You will need to complete the financial information below:

You only have to complete the Weekly or Calendar Monthly box, whichever is easiest for you.

INCOME DETAILS	Weekly	Calendar Monthly	OUTGOINGS	Weekly	Calendar Monthly
Carer's Allowance			Mortgage/Rent		
Child Benefit			Council Tax		
Child Tax Credit			Electricity		
Disability Living Allowance			Gas		
Employment and Support Allowance			Other fuel		
Income Support			Arrears of rent / utility bills		
Jobseeker's Allowance			Water		
Maintenance received			Mobile telephone(s)		
Non-Dependants contribution			Landline telephone		
Personal Independence Payment			Television licence		
Universal Credit			Sky / Cable or other TV costs		
Wages / earnings of claimant			Travel costs		
Wages / earnings of partner			Insurances		
			Food		
			Household items		
			Maintenance paid out		
			Medical Costs		
			Clothing		
			Toiletries		
Works Pension (please specify)			Fines		
			Hire Purchase		
			Catalogues		
			Credit cards/loans (please specify)		
Other benefits (please specify)					
			Holidays		
Any other income (please specify)			Entertainment / eating out		
			Magazines / Newspapers		
			Alcohol / cigarettes /		
			tobacco		
			Lottery / scratch cards /		
			bookmakers Any others (please specify)		
			Any others (please specify)		
				<u> </u>	
Totalinagus			Tatal autorium		
Total income			Total outgoings		

Capital Savings					
By capital we mean money held in bank accounts, building society accounts, premium bonds, national savings certificates, stocks and shares or other investments (this includes any paypal accounts, credit union accounts, ISAs or similar)					
Total Savings:					
Decument Helead					
Document Upload					
Please send us any documents that evidences the exceptional hardship you are experiencing.					
nderstand that I may be contacted to provide further evidence before my application is considered.					
Declaration					
Please review your answers.					
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I declare the information I have given on this form is correct and complete. Where it has been completed by another person I have read it fully or the entries have been read back to me and I agree that the details are correct and complete.					
If I give information that is incorrect or incomplete, the council will seek to recover any excess or overpaid award from my council tax account.					
■ The Council will check the information provided within my application against Council Tax and Council Tax Support records.					
I consent to the council referring me to Citizens Advice for help and support in maximising my income and / or debt management					
Yes No					
Name of person submitting form:					
Relationship to applicant:					