



Discretionary Reduction Form (CTAX) RDAPP

The Authority's Council Tax Support (CTS) Scheme provides households with assistance to meet their Council Tax liability. Entitlement is calculated on the basis of the household circumstances, income, capital and Council Tax liability.

However, it is recognised that the Authority's CTS Scheme does not always meet the household's full Council Tax liability. In the same way, some households ineligible to receive assistance under the CTS Scheme may be experiencing severe difficulties that impact on their ability to meet their Council Tax liability.

The Authority's discretionary policy can be found on the website www.bromley.gov.uk, you are strongly advised to read this policy before completing this application.

About You

In order that we can deal with your enquiry quickly and fully, please provide as much information as you can. Failure to provide all of the information requested may result in a delay and we may need to contact you again for more information.

Council Tax account number (8 digits beginning with 5)

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Title and full name of you and your partner (if applicable)

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|--|--|
| | |
| | |

Date of birth for you and your partner (if applicable)

| | |
|--|--|
| | |
|--|--|

National Insurance Number for you and your partner (if applicable)

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|--|--|
| | |
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Your Address:

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| |
| Post code : |

Your daytime telephone number

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Email address

Address to which this claim relates to if different from the above.

Tell us why you need extra help in the box below

Is there anyone who may help you with your Council Tax payments, like other adults who live with you or family/Friends?

Yes

No

If yes, please give details of how they may help:

Is there likely to be a change in your income, capital or family circumstances compared to that shown in your Council Tax Support claim?

Yes

No

If yes, please give details of the likely change – what it is, when it is likely to happen and how it will affect your circumstances:

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Please state the steps you have taken to address your exceptional financial hardship. (Please be specific as this could materially affect the outcome of this application).

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How long would you expect to be experiencing exceptional financial hardship? If this period exceeds six months, also please outline why you think this likely.

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Please confirm your current income below (including that of any partner living with you):

| | You £ | Partner £ |
|------------------------|--------------|------------------|
| State Benefits | | |
| Income from Employment | | |
| Other Income | | |

Tell us about all your uncontrollable outgoings:

Mortgage/Rent (amount not covered by Housing benefit or DHP)

| Amount | How often is it paid? | Any debt you owe? |
|---------------|------------------------------|--------------------------|
| | | |

Water Charges Gas/Electricity/other

Fuel costs (e.g. oil)

| Amount | How often is it paid? | Any debt you owe? |
|---------------|------------------------------|--------------------------|
| | | |

TV Licence

| Amount | How often is it paid? | Any debt you owe? |
|---------------|------------------------------|--------------------------|
| | | |

Travel cost to place of employment

| Amount | How often is it paid? | Any debt you owe? |
|---------------|------------------------------|--------------------------|
| | | |

Social Fund repayments Court Order Fees Loan/HP repayments

| Amount | How often is it paid? | Any debt you owe? |
|---------------|------------------------------|--------------------------|
| | | |

Company/person providing loan to you Balance owing £ Repayment offer (if any)

| | | |
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We normally decide claims based upon uncontrollable outgoings and income but you may bring to our attention any other expense's or issues that you wish to be considered in the space below.

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Declaration

Please read this declaration carefully.

- I declare that the information I/we have given on this form is correct and complete to the best of my/our knowledge
- I authorise the council to make any necessary enquiries to verify the information on this form
- I authorise the council to cross check the information I have given with other sections within the council, other councils and any other public bodies involved in the protection of public funds.
- I understand that I have a duty to give the council such information as it may require, to enable it to make a decision.
- I understand that if I give information that is incorrect or incomplete or fail to report any changes that might affect my discretionary housing payment I may be prosecuted.

Claimant signature

Date

| | |
|--|--|
| | |
|--|--|

Partners signature

Date

| | |
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Use of your personal data

The London Borough of Bromley may use your personal data without your specific consent to provide you with one or more council services, and to comply with the council's statutory and legal obligations. Information about how the council uses and protects personal data and about personal data rights is available at www.bromley.gov.uk/privacy

If someone else has filled in this form on your behalf please ask them to sign and date the form below. If they work for an advice or support organisation please say which.

Name

| | |
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Signature

Date

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Please return the completed form along with the Financial Form below to:

London Borough of Bromley, P O Box 126 Bromley BR1 3ZT

FINANCIAL STATEMENT

| | |
|------------------------|--|
| Name | |
| Address | |
| Contact Tel No. | |
| HB Reference | |

PLEASE NOTE: Your financial statement will not be considered if it is not fully completed and supported by documentary evidence.

| INCOME | | |
|--|---------------|-----------------------|
| Claimant/Partner | Amount | Frequency |
| | | Please circle: |
| Income Support | £ | W/M/Other |
| Job Seekers Allowance | £ | W/M/Other |
| Employment Support Allowance | £ | W/M/Other |
| Pension Credit | £ | W/M/Other |
| Earnings | £ | W/M/Other |
| Child Benefit | £ | W/M/Other |
| Tax Credits | £ | W/M/Other |
| Other Benefit income (please specify) | £ | W/M/Other |
| Maintenance | £ | W/M/Other |
| Other income (please specify) | £ | W/M/Other |
| Total Income | £ | |

| CAPITAL/SAVINGS | | |
|------------------------------|-----------------|----------------|
| | Claimant | Partner |
| Bank account balance (s) | £ | £ |
| Savings account balance(s) | £ | £ |
| Shares | £ | £ |
| Premium Bonds | £ | £ |
| Any other savings (e.g. ISA) | £ | £ |
| Total Capital/Savings | £ | £ |

| ESSENTIAL EXPENDITURE WEEK/MONTH/OTHER | |
|---|----------|
| Rent | £ |
| Council Tax | £ |
| Gas | £ |
| Electricity | £ |
| Water rates | £ |
| Food | £ |
| Clothing | £ |
| TV licence | £ |
| Telephone | £ |
| Motor Insurance | £ |
| Life Insurance | |
| Travel costs (e.g. fares to work) | £ |
| Maintenance paid out | £ |
| Social Fund loan repayment | £ |
| Other DWP/HMRC repayment | £ |
| Child care costs | £ |
| Other special costs (e.g. disability costs) | £ |
| Formal loans (e.g. bank, HP agreements) | £ |
| Debts with formal arrangements | £ |
| Total Essential Expenditure | £ |

I have enclosed documentary evidence of the above income, capital and expenditure.

I declare that the information I have given is true and complete.

Signed: Date