

Application for Council Tax Reduction under Section 13A of the Local Government Finance Act 1992

*Please note that if a joint bill has been issued then the application must also be made in joint names

Name of applicant/s:

Contact Address:

Telephone:

Email Address

Address of property for which relief is being claimed:

Owners Name/s:

Is the property currently vacant? YES/NO

What is the value of equity in the property? £

Is the property currently marketed for sale? *YES/NO

*Please provide details of marketing agent/ estate agent for the property

Is the property currently marketed for rent? *YES/NO

*Please provide details of marketing agent/ estate agent for the property

Please provide details of any other properties owned by yourself and value of any rental income you are in receipt of

If you have left a property empty to move to more suitable accommodation or to receive or provide care due to old age, disablement, illness, alcohol or drug abuse or mental disorder, then please provide details below

Please provide the detailed reasons why you are applying for a reduction in Council Tax. This should fully explain the circumstances that are creating financial difficulty and how long you expect these circumstances to continue.

Has an application for Council Tax Reduction been made? YES/NO

Are you receiving financial assistance from any other source? *YES/NO

*please provide details:

Have you approached any organisation to assist with your current financial situation such as Citizen Advice Bureau/ Welfare Rights etc? *YES/NO

*please provide details?

Please provide details of any stocks/shares/savings/ money you may have or money you are owed

Please provide any additional information you wish to provide in support of your application

Your application will not be processed unless the enclosed financial information sheet is completed and returned.

All applicants must provide documentary evidence in support of their claim. At a minimum these should include the following:-

- Documents confirming of all income received
- Bank issued statements for a 6 month sequential period for the year the hardship relief is applied for
- Any additional information to support the application
- Written Details of any Savings/Stocks/Shares

Clear photocopies of original documents will be accepted however we cannot accept computer printed downloaded documents, mobile phone application statements and photographs of documents or computer screens.

I declare that the information given on this form is, to the best of my knowledge, accurate and complete.

I understand that a copy of this form may also be sent to the Welfare Rights who may be able to offer me further advice and assistance.

I also understand that whilst this application for relief is pending I am not entitled to withhold payment of Council Tax due to the Council.

Signed:

Capacity of person signing:

Date:

Daytime telephone number:

**Please return your completed form to:-
Durham County Council
Revenues and Benefits
PO Box 238
Stanley
County Durham
DH8 1FP**

If you have any queries relating to completion of the form please do not hesitate to contact us.

For information: In line with Data Protection law we may use information you give us to prevent or detect fraud or other crimes. We may also share it with other Council Services or public organisations if they need it to carry out their legal duties.

FINANCIAL INFORMATION SHEET

Revenues and Benefits
PO Box 238
Stanley
County Durham
DH8 1FP

Tel: 03000 265000
On Line: www.durham.gov.uk/counciltax



CTHARDSHP

Name of Owner 1:
Address of Owner 1:

Income	Amount	Weekly/Monthly	Evidence provided Y/N
Wages after deductions	£		
Wages (Partner) after deductions	£		
JSA (Income based)	£		
JSA (Contribution based)	£		
ESA (Income based)	£		
ESA (Contribution based)	£		
Universal Credit	£		
Working Tax Credit	£		
Disabled Tax Credit	£		
Child Tax Credit	£		
State Retirement Pension	£		
Works Pension	£		
Pension Credit	£		
Guaranteed Pension Credit	£		
Savings Credit	£		
Child Benefit	£		
Incapacity Benefit	£		
Maintenance/child support payments	£		
Non Dependant Contribution (board etc.)	£		
D L A (care)	£		
DLA (mobility)	£		
Personal Independence Payment-mobility	£		
Personal Independence Payment – daily living	£		
Any Other Income	£		
Total Income	£		

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CTHARDSHP

Name of Owner 2:
Address of Owner 2:

Income	Amount	Weekly/Monthly	Evidence provided Y/N
Wages after deductions	£		
Wages (Partner) after deductions	£		
JSA (Income based)	£		
JSA (Contribution based)	£		
ESA (Income based)	£		
ESA (Contribution based)	£		
Universal Credit	£		
Working Tax Credit	£		
Disabled Tax Credit	£		
Child Tax Credit	£		
State Retirement Pension	£		
Works Pension	£		
Pension Credit	£		
Guaranteed Pension Credit	£		
Savings Credit	£		
Child Benefit	£		
Incapacity Benefit	£		
Maintenance/child support payments	£		
Non Dependant Contribution (board etc.)	£		
D L A (care)	£		
DLA (mobility)	£		
Personal Independence Payment-mobility	£		
Personal Independence Payment – daily living	£		
Any Other Income	£		
Total Income	£		

