

Application for Non Domestic Rates Reduction under Section 49 of the Local Government Finance Act 1988

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

Name of applicant/s:

Contact Address:

Telephone:

Email Address

Address of property for which relief is being claimed:

Owner/Leasee Name/s:

Length of time remaining on lease

Is property currently vacant? YES/NO

Date Property became vacant:

To be completed if ratepayer is Owner of Property:

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

Please provide details of any steps taken to either let or sell property

To be completed by ratepayer:

What is the main activity of the business?

How many people are employed by the business?

Please detail any other steps taken to reduce rate bill through reliefs with Durham County Council

Please outline the circumstances that are causing financial issues for your business

How are these circumstances affecting your financial situation?

How long do you expect your current circumstances to continue and have you a business plan in place, to improve the situation?*

*Please provide a copy of your business plan.

Are you receiving financial assistance from any other source? *YES/NO *please provide details:

How do you think local residents and or business benefit from the services your business provides?

Please provide details of any other properties owned by yourself or partners

Do you own any other businesses and if so what are their financial circumstances?

Have you approached any organisation to assist with your current financial situation? *YES/NO
*please provide details

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

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

Continue on separate sheet if necessary*

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:-

- Bank issued statements for a 6 month sequential period for the year the hardship relief is applied for
- Copies of professionally prepared accounts
- Cash Flow Statement
- A financial projection of the next trading period with any order books you may have
- 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 FOR SOLE TRADERS/PARTNERSHIPS

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

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



CTHARDSHP

Name of Ratepayer 1:
Address of Ratepayer 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 Ratepayer 2:
Address of Ratepayer 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	£		

