



**Application for Council Tax Support
Discretionary Discount**

Full name:

Address:

Council Tax account number:

Date of issue:

Please complete this form and the attached budget statement to apply for Council Tax Support Discretionary Discount which is for help towards paying your Council Tax bill. We will aim to respond to your application within two weeks of the date submitted.

1. I, or a member of my family, fall into one or more of the following groups, please tick all that apply:

	Tick
I, or a dependent child living with me is in receipt of the middle or higher rate of Disability Living Allowance (DLA) or the enhanced daily rate of Personal Independence Payment (PIP)	
I, or a member of my household is a disabled adult living in supported living accommodation who have carers and are unable to work due to ill health	
I, or a member of my household is in receipt of Employment Support Allowance (ESA) with the support component	
I, or a member of my household is a care leaver up to the age of 22	
I, or a member of my household has suffered domestic violence and is being supported by an accredited local scheme to move into permanent accommodation	
I, or a member of my household is a foster carer and has current placements or is between placements	
I, or a member of my household provide care and have no other source of income and receive carers allowance	
I, or a member of my household is a hostel leaver and when resident in a hostel received support for a minimum period of 3 months	
I, or a member of my household is attending a drug or alcohol dependency rehabilitation programme	
I, or a member of my household has dependent children under the age of 5 and is living on Income Support	
I, or a member of my household has parental care responsibilities for non-resident children	
None of the above	

2. There may be a number of vulnerable individuals that do not fall into any of the above categories but are suffering severe financial hardship, please refer to the statements below and tick all those that apply:

	Tick
I, or a member of my household is actively seeking work having been made redundant in the last 3 months	
I, or a member of my household is unable seek work due to ill health i.e. recovering from a serious illness or injury	
I, or a member of my household has been recently bereaved and a consequence has suffered a disruption to the household income	
I, or a member of my household is in late pregnancy and unable to seek work	
None of the above:	

3. Please provide details of your severe financial hardship:

4. Please detail the steps that you or other working age members of your household are taking to find paid employment if you are fit to work. If you have an illness, injury or disability that affects your ability to work please state what this is:

5. Do you have any relatives or friends who could help you to pay the Council Tax due? Yes/No

6. Is there anyone who lives with you who could help you pay the Council Tax due? Yes/No

7. Have you, or a member of your household, experienced any recent changes or do you know about any future changes that you think we should take into account? If so please give details:

8. Do you have any rent or mortgage arrears? Yes/No

9. Have you been issued with a Notice of Eviction or Notice to Quit from your mortgage lender or landlord? Yes/No

10. Please give details of all savings (bank accounts, savings accounts etc):

£	
£	
Total	

11. Please give details of any debts (loans, fines, credit cards etc):

£	
£	
Total	

12. If you have debts above £1,000 have you sought debt advice? Yes/No
If yes please specify who from and when:

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13. Is there anything else you think we should know?
Please tell us about any other difficulties or anything you have not already told us, these may be things like family problems or coping after a disaster. Tell us about anything that makes your situation unusually hard and how this affects you or a member of your household:

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14. Please complete the attached weekly budget statement. If any expenses are unusually high then please tell us why:

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15. If you have applied before and are asking for ongoing Discretionary Council Tax Support, please explain why you need further help.

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16. We may need to contact you to ask you to provide supporting evidence to verify your claim. i.e. evidence of a recent illness, actively seeking employment. Please provide your contact details:

Home phone number:	
Mobile phone number:	

17. PROCESSING NOTICE

In order to comply with the Data Protection Act and the General Data Protection Regulation (GDPR), which comes into effect in May 2018, we have to provide you with information about the personal data you give to us. This information is set out below:

Rutland County Council is the data controller for the personal information you may provide. You can contact us by phone on **01572 722577**, via email to dataprotection@rutland.gov.uk or by writing to us at **Data Protection, Catmose House, Oakham, Rutland. LE15 6HP**

Your information will be used so that we can process your application for discretionary support in accordance with our policy.

Your personal data may be shared with other teams within the council in order to provide a service to you, to ensure our records are kept up to date or otherwise where we are required to do so under other legislation. We may also share the data with other local authorities and organisations and may check your credit report to make sure that your information is accurate; to prevent or detect crime and to pursue debtors to protect public funds. We may share the data with third parties if we are required by law to do so which, may include the Police or Government Agencies. We will not sell your data or use it for marketing purposes without your consent.

We will keep your data for seven financial years. This is in accordance with current legislation.

You have the following rights under the GDPR. Please note not all of these rights apply to all processing. Further details on each right can be found on our website (<https://www.rutland.gov.uk>)

- *The right to be informed.*
- *The right of access.*
- *The right to rectification*
- *The right to erasure*
- *The right to restrict processing*
- *The right to data portability*
- *The right to object*
- *Rights related to automated decision making, including profiling'*

Rutland County Council would like to contact you to provide you with information on other Council Services. If you consent to us contacting you for this purpose please tick here.

If you are not happy with the way the council is handling your personal information you have the right to lodge a complaint with the Information Commissioner's Office.

18. DECLARATION

I understand the following:

I declare that the information I have given on this form is correct and complete. I must notify you of a change in my circumstances which might affect my claim, within 21 days of the change happening.

I am aware that it is an offence to deliberately give false statement or withhold information in order to obtain benefit and that I may be prosecuted under the Theft Act 1968.

I authorise Rutland County Council to make enquiries it feels necessary to satisfy itself that the information I have given is true and complete.

I agree that any information previously given on benefit applications may be used to decide any Discretionary Housing Payment.

I must notify you of a change in my

I live at the address given on this form.

Claimant's signature:

Partner's signature:

Date:

Date:

19. For people who are completing this form on behalf of someone else:	
Please tell us why you are filling in this form for someone else:	
I am their appointee/I have power of attorney:	Yes/No <i>(delete as appropriate)</i>
I am employed by _____ and have complete the form on the applicant's behalf.	
Name, address, and job title of the person completing the form on the applicant's behalf:	

INCOME & EXPENSES DETAILS:

INCOME	Customer to complete (weekly/monthly)	Office use only (weekly/monthly)
Wages/Salary – self		
Wages/Salary – partner		
Pensions		
Income Support/JSA		
Child Benefit		
Child/Working Tax Credit		
Maintenance		
Non-dependent contribution		
Housing Benefit		
Other		
TOTAL INCOME		

EXPENSES	(Weekly/monthly)	(Weekly/monthly)
Rent		
Council Tax		
Water Rates		
Insurance		
Gas		
Electricity		
Telephone inc mobiles		
Food		
TV Licence		
Maintenance paid		
Travel/Vehicle		
School meals		
Clothing and shoes		
Laundry		
Entertainment		
Cigarettes		
Prescriptions		
Court fines		
Child care		
Other e.g. Hire Purchase		
Other e.g. Fines		
Other e.g. Catalogues		
TOTAL EXPENSES		
INCOME LESS EXPENSES LEAVES		

In order to validate your application we may ask you to provide evidence of the information you have supplied.