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|  | South Lakeland District CouncilLowther StreetKendalLA9 4DQTel: 01539 793245email: councitax@southlakeland.gov.ukweb: www.southlakeland.gov.uk |
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# COUNCIL TAX – COVID-19 Hardship Fund Application

# Council Tax Discretionary Relief is intended for customers who are suffering from hardship due to exceptional circumstances.

|  |  |
| --- | --- |
| Name: |  |
| Council Tax Account Number: |  |
| Address: |  |
| Email: |  |

**Section 1: About your household**

**Please provide your details and those of other adults in the household:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Date of Birth** | **NINO** | **Disabled (Y/N)** |
|  |  |  |  |
|  |  |  |  |
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**How many dependent children do you have living with you (under 18 or 18-20 in full-time education):**

**Please give their details below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Date of Birth** | **Disabled (Y/N)** | **Child Benefit in Payment (Y/N)** |
|  |  |  |  |
|  |  |  |  |
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**Section 2: Accommodation and housing costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Homeowner** |  | **Rental Properties** |  |
| Mortgage payment per month | **£** | Rent payment per month | **£** |
| Payment holiday requested from bank Y/N |  | Rent support requested from landlord Y/N |  |
| What support has been offered by your bank?  | What support has been offered by your Landlord? |
| Are you under threat of eviction Y/N |  |
| What date have you been asked to leave? |  |

**Section 3: About your household income and outgoings – Please note you must supply supporting evidence for any items marked \* by including your last 2 months bank statements along with this application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Income** | **How much (£)** | **How often** | **Outgoings** | **How much (£)** | **How often** |
| **Net wages (for you)** |  |  | **Mortgage / Rent \*** |  |  |
| **Net wages (partner or other adult/s resident)** |  |  | **Arrears of the above\*** |  |  |
| **Self-employed earnings** |  |  | **Council Tax** |  |  |
| **Working Tax Credit** |  |  | **Arrears payment of the above** |  |  |
| **Child Tax Credit** |  |  | **Electricity** |  |  |
| **Child Benefit** |  |  | **Gas** |  |  |
| **JSA**  |  |  | **Arrears of the above\*** |  |  |
| **Income Support** |  |  | **Water** |  |  |
| **Pension Credit**  |  |  | **Child care** |  |  |
| **State retirement pension** |  |  | **Food** |  |  |
| **Private Pension** |  |  | **Clothing** |  |  |
| **Maintenance received** |  |  | **Telephone/Internet** |  |  |
| **Incapacity Benefit** |  |  | **TV Licence**  |  |  |
| **Disability Living Allowance** |  |  | **Petrol / car costs** |  |  |
| **Personal Independence Payment** |  |  | **Maintenance\*** |  |  |
| **Universal Credit** |  |  | **Credit payments\*** |  |  |
| **Any other income**  |  |  | **Insurance** |  |  |
| **Total Income**  |  |  | **Total Outgoings** |  |  |
|  |  |  |  |  |  |

**Section 4: Reasons for your application**

Please give full details of why you need additional financial help, and what effects a shortfall in funds to meet your costs will have on you and your family and how your household income has been impacted as a result of Covid -19:

|  |
| --- |
| I am applying for additional support because: |

Please specify the period that a discount is requested for:

Please specify the level of discount being requested? Is this the full amount of Council Liability or a % of it?

**Section 5: Declaration**

I declare that the information I have given on this form is correct and complete. I understand that you will share the information you hold to prevent errors and detect fraud. I accept that you may prosecute any person who gives incorrect, incomplete or misleading information to fraudulently claim a discount from Council Tax and may seek to recover the value of discount awarded.

I understand that any support given is short term. Both the amount of the award and period of the award will be determined at the discretion of the Council and will be done so on the basis of the evidence supplied and the circumstances of the application.

|  |  |
| --- | --- |
| **Signed:** | **Print Name:** |
| **Date:** | **Contact Number:** |

**What happens next?**

South Lakeland District Council will process your application and aim to notify you of the decision within 14 days of the application being made, or as soon as practicable. Where an award is made, the notification will set out the amount and duration of the award along with the relevant Council Tax bill. Where an award is refused, the notification will details the reasons for refusal, along with the relevant Council Tax bill.

Please return the completed form to counciltax@southlakeland.gov.uk along with:

* copies of your last two months bank statements;
* supporting evidence of any outgoings marked with an \*.

 For any questions, please use the email address above.