



## **Council tax support exceptional hardship payment application form**

Name

Address

Account number

Telephone number

This form must be returned within 14 days to Local taxation, Portsmouth City Council, Civic Offices, Guildhall Square, Portsmouth, PO1 2BE

Please note that you must be receiving council tax support (CTS) to qualify for an exceptional hardship payment.

- Exceptional hardship payments will not be available for any other debt other than outstanding council tax.
- Where an exceptional hardship payment is requested for a previous period, exceptional hardship must have been proven to have existed throughout the whole of the period requested.
- Exceptional hardship payments are designed as a short-term help to the applicant only and it is expected that payments will be made for a short term only.
- All applicants are expected to engage with the Council and undertake the full application process.

An exceptional hardship payment cannot be awarded for the following circumstances:

- Where full council tax liability is being met by council tax support;
- For any other reason, other than to reduce council tax liability.
- Where the Council considers that there are unnecessary expenses/debts etc. and that the applicant has not taken reasonable steps to reduce these.
- To pay for any overpayment of council tax support caused through the failure of the applicant to notify changes in circumstances in a timely manner or where the applicant has failed to act correctly or honestly; or
- To cover previous years council tax arrears

The above list is not exhaustive and other relevant factors and special circumstances will be considered.

I need help to pay my council tax because:

What steps have you considered to enable you to pay your council tax charge in the future?

Has there been a recent change in your circumstances which will temporarily prevent you from paying your council tax charge? If yes please provide details.

### Employment Information

	<b>Yourself</b>	<b>Your partner (if applies)</b>
Are you employed?	Yes / No	Yes / No
Name of employer		
Address of employer		
Job title		
Pay reference number		
National insurance number		
Are you self-employed?	Yes / No	Yes / No
Nature of business		

**Weekly Income**

	<b>Yourself</b>	<b>Your partner (if applies)</b>
Average wages/earnings	£	£
Average overtime/commission	£	£
Income support	£	£
Jobseekers allowance	£	£
Working tax credit	£	£
Incapacity benefit/ESA	£	£
Other disability benefits	£	£
State retirement pension	£	£
Pension credit	£	£
Private/occupational pension	£	£
Child benefit	£	£
Child tax credit	£	£
Maintenance payments	£	£
Contributions (from non dependants/lodgers)	£	£
Other income (Please specify)	£	£
<b>Total weekly income</b>	<b>£</b>	<b>£</b>

**Weekly outgoings – housing**

Rent (after housing benefit)	£
Ground rent & service charges	£
Mortgage	£
Endowment / mortgage protection	£
Buildings insurance	£
Contents insurance	£

**Weekly outgoings – children costs**

Maintenance (voluntary/CSA/court order)	£
Child care & clubs/activities	£
School meals & travel (e.g. bus fare)	£
Nappies/baby food	£

**Weekly outgoings – travel costs**

Public transport fares	£
If you have a car:	
(i) fuel	£
(ii) insurance	£
(iii) road tax	£
(iv) repairs/MOT	£
Other travel costs (please specify)	£

**Weekly outgoings – insurances etc**

Life insurance	£
Private health insurance	£
Dental insurance	£
Pet insurance	£
Private pension contributions	£

**Weekly outgoings – household bills**

Water rate (Southern Water)	£
Sewerage (Portsmouth Water)	£
Gas (average)	£
Electricity (average)	£
Council tax	£
Telephone (land line)	£
Telephone (mobile/s)	£
TV licence	£
Sky/cable subscription	£

**Weekly outgoings – housekeeping**

Household shop (e.g. food, housekeeping, toiletries)	£
Medical costs (e.g. prescriptions, optician, dentist)	£
Pet food	£
Other (please specify)	£

**Weekly outgoings – other expenditure**

Cigarettes/tobacco	£
Alcohol	£
Clothing & shoes	£
Hairdresser/barber & cosmetics	£
Newspapers/magazines	£
Outings & holidays	£
Other (please specify)	£

**Weekly outgoings – loans and credit repayments.**

	Weekly repayment	Outstanding balance	
Bank loan/s	£	£	Bank(s):
Credit card/s	£	£	Companies:
Store card/s	£	£	Store(s):
Catalogues/clubs	£	£	Companies:
Car loan (HP)	£	£	Companies:
Household goods	£	£	Companies:
Other (please specify)	£	£	Companies:

**Weekly outgoings – other debts.**

	Weekly repayment	Outstanding balance
Fines	£	£
County court judgements	£	£
Rent arrears	£	£
Mortgage arrears	£	£
HMRC arrears	£	£
Water arrears	£	£
Gas/electric arrears	£	£
Housing benefit overpayment	£	£

**Weekly outgoings – Council tax debts.**

	Weekly repayment	Outstanding balance
Council tax arrears (other accounts)		
(i) address/reference:	£	£
(ii) address/reference:	£	£
(iii) address/reference:	£	£
(iv) address/reference:	£	£
(v) address/reference:	£	£

**What is your offer of payment?**

Payment plan requested	£	per week / fortnight / month (delete as applicable)
Date first payment to be made		

**You should start making the payments you have offered from the date you state the first payment will be made.** Please do not wait for a response to this application form to start making payments. Your payments will be taken into consideration when we reply to you.

If there is any information which you think we should be aware of when considering your offer of payment, please provide this below:

**Please sign declaration overleaf.**

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**Declaration**

Please read this declaration carefully before you sign and date it.

I understand the following.

- If I give information that is incorrect, you may decline this application or recover any council tax support hardship payment already awarded.
- You may check some of the information with other sources as allowed by the law.
- You may use any information I have provided in connection with this and any other claim for Department for Work & Pensions benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities, and private-sector companies such as banks and organisations that may lend me money, if the law allows this.

I declare the information I have given on this form is correct and complete.

Signed:	Date:
Full name:	

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You should be aware that we may be required to disclose your personal information without your consent for the purposes of protecting the council's legitimate interests (for example to recover debts that are owed to Portsmouth City Council), to fulfil a legal obligation (such as bringing empty properties back into use) or for the purposes of preventing or detecting crime/fraud or apprehending and prosecuting offenders (for example to the Police, the Cabinet Office or Department for Work and Pension or as part of the National Fraud Initiative) or where we have a statutory duty to do so. For more information visit [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk) and search for National Fraud Initiative.

For more information visit [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk) and search for Data Protection.

We want all our customers to be able to access our services. If you have a disability or find it difficult to access our services and need us to make reasonable adjustments, please let us know and we will do everything we can to help.