Revenue & Benefits, Eastleigh House Upper Market Street, Eastleigh, Hampshire, SO50 9YN

Telephone: 023 8068 8470

Email: revbens@eastleigh.gov.uk



Application for a Council Tax Hardship Payment

Name:			
Address:			
Postcode:		NI Number:	
Council Tax acco	unt reference:		
Email address:		Phone Number:	
	ship Payments (CTHP) are ma comers who are in extremely dif		<u> </u>
 Please note: You must be the liable person for Council Tax to apply for a CTHP You must have already made an application and received a decision for Council Tax Support (it doesn't matter if the claim was not successful due to your income being too high to qualify to apply for a CTHP) 			
Please tell us if your financial circumstances have changed recently or if they have changed temporarily due to the Coronavirus pandemic?			

Do you know when and if your financial circumstances will improve in the future?
What managers are you taking to increase your approach beyonhald income?
What measures are you taking to increase your current household income?
Please list the full names and date of births of all people living with you and their
relationship to you;
1.
2.
3.
4.
5.
6.
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Discontinuity in the last of the Commence of t
Please include details of the income of any person over the age of 18 living in your
property if applicable;
Are you currently getting support to manage your finances? Or have you received advice
from any financial organisation/charity? If not, please explain why you haven't sought
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Income and Expenses

	You		Your Partner	
Income	Amount	How often? (eg.1/2/4 weekly, monthly etc.)	Amount	How often? (eg.1/2/4 weekly, monthly etc.)
Housing Benefit	£		£	
Council Tax Support	£		£	
Universal Credit	£		£	
Income Support /Jobseekers Allowance	£		£	
Earnings	£		£	
Child Benefit	£		£	
Child Tax Credit	£		£	
Working Tax Credit	£		£	
Maintenance payments	£		£	
Retirement pension	£		£	
Pension Credit	£		£	
Occupational pension	£		£	
ESA/Incapacity Benefit	£		£	
Other disability benefits	£		£	
Contributions (from non-dependants/lodgers)	£		£	
Government Grants				
Other income - please specify	£		£	
Total	£		£	

Outgoings	Amount	How often? (eg.1/2/4 weekly, monthly etc.)	Total arrears (if any)
Total rent/mortgage	£		£
Council Tax	£		£
Water rates	£		£
Gas /electricity	£		£
Telephone/internet	£		£
Mobile phone	£		£
TV licence	£		£
Satellite/digital TV	£		£
Food/housekeeping	£		£
Clothing	£		£
Maintenance paid voluntary/CMS/court order	£		£
Childcare	£		£
Insurances - please specify	£		£
Loans/debts -please specify	£		£
Car expenses - tax, mot, fuel	£		£
Other travel expenses – please specify	£		£
Cigarettes/tobacco/alcohol	£		£
Other - please specify	£		£
Total	£		£

Savings/Investments

Please list all capital held by you or your partner, this should include; current accounts, ISA's, shares, premium bonds, other savings/investments	Balance
	£
	£
	£
	£
	£
	£
	£
	£
Total	£

	Total £
Extra Information	
	Lles a congrete cheet of paper
Please use this space for anything else you want to tell us about. and attach it to this form if you need to.	Ose a separate sheet of paper
and attach it to this form if you need to.	

Evidence			
The following must be p	provided, please tick to co	onfirm you have provide	ed all the required evidence.
The last 2 months statements for each bank, building society, savings or Post Office account that you hold			
 Proof of all income and outgoings, if not previously provided to this office in the last 3 months 			
 Current rent proo 	f/ rent arrears statement		
Mortgage statem	ent – showing full breakd	own of charge	
Dealers Co. Honou	u that I may at informatible D	anatit anation at Factlei	ala Davassala Cassa all if the are
			gh Borough Council if there claim. I declare that the
	ation I have given on this		
Claimant's Signature:		1	Date:
Partner's Signature:		1	Date:
If you are filling this fo	orm in on behalf of som	eone else, please con	firm with the person the
answers you have wri			·
Name of the person wh	a fill a disa than former		
	o filled in the form		
Signature of the person			
•	who filled in the form		

This information can be provided in alternative formats including large print, audio tape, Braille and other languages by calling 023 8068 8470 or revbens@eastleigh.gov.uk

What to do next

Please make sure that you have signed this form.

Please send your completed form and your evidence via email to revbens@eastleigh.gov.uk.

You can send the form and evidence electronically by taking either photos or screenshots using a smart phone and attach these to an email. Please title your email Council Tax Hardship Payment (CTHP).

Alternatively, you can post your completed form and evidence to the following;

Revenues

Eastleigh House

Upper Market Street

Eastleigh

SO50 9YN

If you can't get all the evidence straightaway, don't worry. You can still send the application with any evidence you have now. You must provide the rest of the evidence within one month for your application to be considered.

When posting evidence to us after you have sent in your form, please ensure your full name and address is visible on each document.

If you are sending evidence by email, please title your email Council Tax Hardship Payment (CTHP) and ensure your name and address is visible within the email or on your documents.

Useful contacts

Department of Work and Pensions (DWP): www.gov.uk

Citizens Advice Bureau: www.citizensadvice.org.uk

Email: admin@citizensadviceeastleigh.org.uk

Phone: 03444 111 306

Money Advice Service: <u>www.moneyadviceservice.org.uk</u>

Phone: 0800 138 7777

Eastleigh Basics Bank: www.eastleighbasicsbank.co.uk

Phone: 07563 609994