



Exceptional Hardship Payment Claim Form

An Exceptional Hardship Payment is paid in addition to Council Tax Reduction. It is specifically for customers who need more help to cover the cost of their Council Tax liability. An Exceptional Hardship Payment cannot be given for previous years arrears.

The information you give on this form will be used to decide whether you can be granted an Exceptional Hardship Payment. You should answer all questions and provide proof of the items requested. When you have completed the form, you (and your partner if you have one), or someone acting on your behalf with your consent, should sign and date the declaration in Part 8 and return the form to the address given on page 9 as soon as possible.

Your personal information will be held and used in accordance with the Data Protection Act 1998. The Council will not disclose such information to any unauthorised person or body but where appropriate will use such information in carrying out its various functions and services. The Council may also use this data in connection with the prevention and detection of fraud or other crime; this may include data matching with government and credit reference agencies in order to protect public funds.

Claim Number		Date	
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Part 1 – Personal Details

Full name

Date of Birth

National Insurance Number

Partner's Name

Current Address

<input type="text"/>		
<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

Contact Telephone Number

Email address:

<input type="text"/>
<input type="text"/>

Part 2 – Reasons why you are applying for an Exceptional Hardship Payment

Please use this space to tell us about anything you want us to take into consideration when making our decision.

Part 3 – Household Composition

Please confirm the details of everyone who lives in the property with you

Full Name	Relationship to you	Date of birth

Part 4 – Further Information

Have you or a family member got any health problems, disabilities, special needs or expenses which may mean you have to spend more money than you would normally expect, e.g. special dietary foods for medical reasons, travelling expenses, etc?

Does anyone in your household have any special educational requirements?

If you have had a previous Exceptional Hardship Payment, what steps have you taken to improve your situation since your last application was granted? E.g. reduced outstanding debts or other outgoings?

Have you had any change in your circumstances which you have either not advised the Council Tax Office of or are you still waiting for your Council Tax Reduction claim to be determined?

Yes

No

If yes, please tell us about this below

Part 5 – Your Weekly / Monthly Income

Please give details of the weekly/monthly income of you and your partner (if you have one) and provide proof

Salary or Wages Include normal take-home pay. This means wages and salary after tax, national insurance and pension contributions. Only include overtime payments if you receive these on a regular basis	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Your salary or wages (take home)				
Other salary or wages				
Total				

Other types of income				
Maintenance or child support				
Boarders or lodgers				
Non-dependants' contributions (Adult over 18)				
Student loans and grants				
Other income				
Total				

Your benefits and tax credits	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Housing Benefit or Local Housing Allowance				
Housing Element from Universal Credit				
Universal Credit				
Council Tax Reduction				
Jobseeker's Allowance (contribution based)				
Jobseeker's Allowance (income based)				
Income Support				
Working Tax Credit				
Child Tax Credit				
Child Benefit				
Employment and Support Allowance or Statutory Sick Pay				
Disability Living Allowance or Attendance Allowance				
Personal Independence Payment (PIP)				
Carer's Allowance				
Other (for example, Maternity Benefits)				
Total				

Your pensions	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
State Pensions				
Private or Work Pensions				
Pension Credit				
Other Pensions				
Total				

Capital Detail all bank accounts and amounts held.	Claimant	Partner

Details of any income received from your capital i.e. Dividends from shares	Claimant	Partner

Do you own any properties Please list the address of all properties owned either in the UK or outside the UK	Claimant	Partner

Part 6 – Your Weekly / Monthly Outgoings

Please give details of the weekly/monthly spending of you and your partner (if you have one) and provide proof

Essential spending Include all your household's outgoings	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Rent				
Ground rent and service charges				
Mortgage				
Second mortgage or secured loan				
Mortgage endowment and mortgage PPI				
Building and contents insurance				
Pension and life insurance				
Council tax				
Gas				
Electricity				
Water				
Other utilities (coal, oil, calor gas)				
TV licence				
Maintenance or child support				

Hire purchase or conditional sale				
Childcare costs or Adult-care costs				
Total				

Travel	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Public transport (work, school, shopping and so on)				
Other travel costs (such as taxis)				
Car insurance				
Road tax				
Fuel (petrol, diesel, oil)				
MOT, breakdown or recovery				
Parking charges or toll-road charges				
Total				

Housekeeping	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Food and milk				
Cleaning and toiletries				
Cigarettes, tobacco and sweets				
Laundry and dry cleaning				
Clothing and footwear				
Nappies and baby items				
Pet food				
Total				

Phone	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Home phone				
Mobile phone				
Total				

Other Spending	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Health costs (dentist, glasses, prescriptions, health insurance)				
Repairs, house maintenance, window cleaning and maintenance contracts				
Hairdressing or haircuts				
Cable, satellite and internet				
TV, video and other appliance rental				
School meals and meals at work				

Vet bills and pet insurance				
Total				

Priority Debts

List any priority debts that you have and payments that you have agreed to make.

Your priority debts	Total you owe	How much are you paying back?	Weekly or Monthly
Rent arrears			
Mortgage arrears			
Second mortgage or secured-loan arrears			
Magistrates' or Sheriff court fine arrears			
Council tax arrears			
Maintenance or child-support arrears			
Gas arrears			
Electricity arrears			
Other utilities arrears (coal, oil, calor gas)			
Hire-purchase or conditional-sale arrears			
Any other priority debts you are paying			
Total			

Non-Priority Debts

For example, Credit Cards / Store Cards / HP / Loans etc

Your non-priority debts	Total you owe	How much are you paying back?	Weekly or Monthly
Total			

Part 7 – Assets

Do you or your partner own anything of value? Please specify i.e. caravan

Items of value	Value
	£
	£
	£
	£

Part 8 – Declaration

WARNING: If you give false information, you may be prosecuted.

I declare that, as far as I know, the information I have given on this form is true and complete. I agree that Gravesham Borough Council may check the information I have given. I agree to tell the Housing Benefit Office of any change in my circumstances that may affect my claim to benefits. I understand that I may be asked to attend the Civic Offices for an interview to discuss this claim.

Should I be overpaid I agree to repay any overpayment.

I agree to provide any additional evidence which may be required to support my claim.

Your signature

Your partner's signature

Date

Contact telephone number

If this form has been completed on the claimant's behalf, by an appointee or another person acting for the claimant i.e. relative, social worker, Housing Options Team, Citizens Advice Bureau, please sign below.

Signature of person completing this form

Name of person completing this form

Position / relationship

Contact telephone number

Please return this form within **four weeks** of the date of issue to:

BENEFIT OFFICE
GRAVESHAM BOROUGH COUNCIL
CIVIC CENTRE
WINDMILL STREET
GRAVESEND
KENT DA12 1AU

Please remember to include all the documentation to support your request for an Exceptional Hardship Payment.