

**APPLICATION FOR COUNCIL TAX REDUCTION UNDER SECTION 13A OF THE LOCAL  
GOVERNMENT FINANCE ACT 1992**

Account Number:

Name of Applicant(s):		Contact Address:	
Telephone:		Email:	
Address of property for which relief is being claimed:		Owner's Name(s):	

Is the property currently vacant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the value of equity in the property?	£
Is the property currently marketed for sale?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered 'Yes' to the above question, please provide details of the Market Agent / Estate Agent for the property:	

Is the property currently marketed for Rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered 'Yes' to the above question, please provide details of the Market Agent / Estate Agent for the property:	

**DISCRETIONARY COUNCIL TAX SUPPORT PAYMENTS  
CLAIM FORM**



Please provide details of any other properties owned by yourself and value of any rental income you are in receipt of:

If you have left a property empty to move to more suitable accommodation or to receive or provide care due to old age, disablement, illness, alcohol or drug abuse or mental disorder, then please provide details below:

Please provide the detailed reasons why you are applying for a reduction in Council Tax. This should fully explain the circumstances that are creating financial difficulty and how long you expect these circumstances to continue:

Has an application for Council Tax Reduction been made?

Yes

☐

No

☐

Are you receiving financial assistance from any other source?

Yes

☐

No

☐

If you have answered 'Yes' to the above question, please provide details below:

**DISCRETIONARY COUNCIL TAX SUPPORT PAYMENTS  
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Have you approached any organisation to assist with your current financial situation such as Citizen Advice Bureau / Welfare Rights etc?

Yes

☐

No

☐

If you have answered 'Yes' to the above question, please provide details below:

Please provide details of any stocks / shares / savings / money you may have or money you are owed:

Please provide any additional information you wish to provide in support of your application:

**DISCRETIONARY COUNCIL TAX SUPPORT PAYMENTS  
CLAIM FORM: YOUR HOUSEHOLD EXPENDITURE**



Source	Amount £	How Often Is this Paid?	How Much Do You Owe?	Source	Amount £	How Often Is this Paid?	How Much Do You Owe?
Rent You Pay (the Amount Not Covered By Benefit)				Travel Expenses (Bus, Train, Taxi, etc.)			
Mortgage You Pay				Clothing / School Uniform			
Council Tax You Pay				School Dinners			
Household Shopping (Food, toiletries, etc.)				Other School Expenses (After School)			
Payments to Catalogues				Childminding Fees			
Phone (Land Line)				Children's Clubs / Pocket money			
Phone (Mobile)				Sky / Cable / Digital TV			
Personal Insurance				Internet Access			
Home Insurance				Loan repayments (including Car & Bank)			
Health / Medical (Insurance / Optical / Dental / Prescription)				Credit Card Payments			

**DISCRETIONARY COUNCIL TAX SUPPORT PAYMENTS  
CLAIM FORM: YOUR HOUSEHOLD EXPENDITURE**



**PLEASE NOTE** - You will need to provide evidence of your expenditure (i.e. bank statements, utility bills, invoices). Please send copies or request that originals are returned to you.

Source	Amount £	How often is this paid?	How much do you owe?	Source	Amount £	How often is this paid?	How much do you owe?
Water Rates				HP Payments			
Gas				Pension Contributions			
Electricity				Regular Savings			
Other Household Fuel (Oil etc.)				Subscriptions			
TV Licence				Cigarettes / Tobacco			
Fines (including Court Orders and Attachment of Earnings Orders)				Alcohol			
Maintenance / Child Support Payments				Entertainment/ Eating Out / Takeaways / DVD Rental / Lottery			
Shopping Club				Social Fund Repayments			
TV / Video Hire				Other			

**DISCRETIONARY COUNCIL TAX SUPPORT PAYMENTS  
CLAIM FORM: YOUR HOUSEHOLD INCOME**



**PLEASE NOTE - You will need to provide evidence of your income (i.e. Bank Statements). Please send copies or request that originals are returned to you.**

Source	Claimant amount £		How often is this paid?	Partner amount £		How often is this paid?
	Gross	Net		Gross	Net	
Wages / Salary						
Universal Credit, Income Support or Jobseekers Allowance						
Statutory Sick / Maternity Pay / Company Sick Pay						
Working Tax Credits						
Child Tax Credits						
Personal Independence Payment						
Private / Occupational Pension						
Pension Credit						
Incapacity Benefit						
Employment Support Allowance						
Attendance Allowance						

**DISCRETIONARY COUNCIL TAX SUPPORT PAYMENTS  
CLAIM FORM: YOUR HOUSEHOLD INCOME & CAPITAL**



Source	Claimant amount £	How often is this paid?	Partner amount £	How often is this paid?
Maintenance				
Housekeeping / Money from Non Dependants / Boarders / Lodgers / Sub Tenants				
Child Benefit				
Other Income / Benefits				

**PLEASE NOTE** - You will need to provide evidence of your capital (i.e. Bank Statements).  
Please send copies or request that originals are returned to you.

Capital	Claimant £	Account – Name & Number	Partner £	Account – Name & Number
Bank / Building Society Accounts				
Assets & Investments – Shares / Bonds etc.				
Property / Land	Property / Land – address:			Value - £

**DISCRETIONARY COUNCIL TAX SUPPORT PAYMENTS  
CLAIM FORM**



**Please use the box below to enter any further information regarding income, capital or expenditure**

For example:

- If you have taken steps relating to the management of your debts please explain your action – contacted CAB etc.
- If you have more than 2 Bank / Building Society accounts.

**DECLARATION**

Even if someone else has filled the form in for you, you and any partner must sign this declaration if you can.

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

- **I / We declare** that the information given on this form is correct and complete.
- **I / We understand** that if the information provided is incorrect or incomplete, you may ask for further details and/or may take legal action if this claim is found to be fraudulent.
- **I / We agree** that you will use the information I have provided to process my Council Tax Discretionary Relief application and that you may make checks with other sources as allowed by the law.
- **I / We understand** that you may use any information provided in connection with this and any other claim made with the Department of Works & Pension. It is understood that some authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- **I / We know** that any change in circumstances which may affect this claim must be notified to Swale Borough Council within 21 days of the change occurring. Failure to do so may result on prosecution.
- **I / We know** that I am not entitled to withhold payment of Council Tax due to the Council, whilst this application is pending.

**SIGNATURE(S)**

**NAME(S) PRINTED**

**DATE**