

Exceptional Hardship Relief Application (Council Tax)

Important: Please read instructions below.

Before you begin, download this form to your computer and complete using Acrobat Reader. When this form is complete, use the button 'Attach to email' or send to revenues@hertspartnership-ala.gov.uk.

Please do not complete this form within your web browser (i.e. Explorer, Chrome, Firefox) as the information you write on and sign the form cannot be saved.

Name

Your address

(including postcode)

Council Tax Account Reference Number(s):

Council Tax Liability period to which the application relates:

Break down by liability period/ year:

Tax Year	Balance outstanding £
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Total Balance owed to the Council to be included in the claim: £



For the purposes of current data protection laws the information you supply the Council as part of your application will be used for the purposes of dealing with your request and retained as per our published corporate data protection privacy policy which can be found on the [Stevenage Borough Council Data Protection page](#) (this link opens in a new window).



Please provide in the spaces below a detailed explanation of how the applicant meets each of the three points of the Council's policy statements and objectives and provide a list of the documented evidence that you are submitting in support of the application. Please continue on a separate sheet if need be.

1. To support vulnerable people

(Please explain why the applicant is considered to be vulnerable, how the relief would support the applicant and provide documented evidence i.e medical letters, personal budget sheet detailing income and expenditure and any other relevant documentation)

2. To help those who are trying to help themselves;

(Please provide details of when and what help and advice has been sought and any other action taken by the applicant)

3. Help customers through personal crisis and difficult events.

(Please provide details of the personal crisis and difficult events and how they have impacted on the ability to pay Council Tax)

Details of expenditure

Rent	£	per week
Water Rates	£	per week
House Insurance/Life Assurance	£	per week
Gas	£	per week
Electricity	£	per week
Council Tax	£	per week
Other Fuel	£	per week
Food/Cleaning Materials	£	per week
Telephone	£	per week
TV Rental/Broadband Rental	£	per week
TV Licence	£	per week
Child Minder/Nursery Fees	£	per week
Travel to Work	£	per week
Vehicle Running Costs	£	per week
Vehicle Insurance & Road Tax	£	per week
Cigarettes/Alcohol	£	per week
Hire Purchase/Credit Commitments	£	per week
Miscellaneous - Court Orders - Maintenance/Fines	£	per week
Total Expenses	£	per week

Details of income and savings

	£	per week
	£	per week
	£	per week
	£	per week
Total Income and Savings	£	per week

A full copy of the Council's Exceptional Hardship Scheme is available to view online which you may use for guidance, it includes examples of the information that an Adjudication Officer will consider when assessing the application. A summary has been provide below.

In summary the Council Policy states the

- In all cases, the Revenues & Benefits shared service will decide the length of time for which an EHR will be awarded on the basis of the known facts and the evidence supplied.
- The start date of an award will normally be the Monday following receipt of the application, or such other date as is considered appropriate by the Adjudication Officer in the circumstances:

- The minimum period for which the Revenues & Benefits shared service will award an EHR is one week.
- An award will usually not exceed 3 months.
- Applications for further awards can be made, but will need to provide additional grounds to support the application.
- The Revenues & Benefits shared service will not normally award an EHR for a period exceeding 12 months.
- Any reasonable request for backdating an award of an EHR will be considered.

I/We agree that all the information on this form is correct as at today -

Please print name

Signature

Please print name

Signature

Given the financial information on this document, I/We agree that it is reasonable for us to pay our weekly/fortnightly/
monthly council tax plus £ per towards clearing

my/our arrears, which today stand at £

My first payment will be made on or before

I/We understand that we must notify the Council of any changes to our circumstances immediately and that no further
recovery action will be taken, providing I/We maintain the agreed payments.

Signature

Date

Signature

Date

Please complete, print and return this form as soon as possible to:
The Revenues Service, Council Offices, Wallfields, Pegs Lane, Hertford SG13 8EQ
Alternatively click the send button below. This will open your email application and
attach as a new message.