

# Mansfield District Council

## PRIVATE

Your full name:

Your address:

Postcode:

*For official use only*

*Date we received  
your application:*

*Date of issue:*

*Claim Reference:*

## Application for Discretionary Council Tax Hardship Payment

Discretionary Council Tax Hardship Payments are available to help customers who need further help with Council Tax. They are payments to be made at the discretion of the Council where it is considered that additional help with Council Tax costs is needed.

However the amount of money available to the Council to make these payments is strictly limited. To be able to apply for Discretionary Council Tax Hardship Payments the customer must:

- Be entitled to Council Tax Reduction Discount
- Require further financial assistance in order to meet Council Tax costs

By Council Tax costs we mean the amount of Council Tax you are liable to pay to the Council. However, no award can be made to grant help with:

- Hardship which results from Social Security Benefit sanctions or suspensions.

Discretionary Council Tax Hardship Payments are temporary and available for periods up to 12 months.

**In order for your application to be considered answer all the questions within this form as fully as possible and provide evidence of all expenditure. Failure to do so may result in no Discretionary Council Tax Hardship Payments being awarded.**

### Please return your completed form to:

Mansfield District Council  
Revenues and Benefits Section  
Civic Centre, Chesterfield Road South  
Mansfield,  
Nottinghamshire,  
NG19 7BH

**Please answer the questions below:**

**If you are successful in being granted a Discretionary Council Tax Hardship Payment, for how long would you need this additional payment?**

**Do you have Council Tax arrears?**

No  Yes

If **Yes**, how much?

£

**What disabilities or health problems do you or any member of your family have that would mean you have additional costs that could be considered?**

**Are family or friends able to financially assist you?**

No  Yes

**Do you have any saleable assets that could be sold i.e. property/stocks and shares?**

No  Yes

**Do you or your partner have your own transport?**

Please tell us what the transport is used for, e.g. travelling to work:

No  Yes  If Yes, what type of transport do you own?

Car  Motorbike  Mobility scooter

**Please tell us about the costs of running your transport:**

	Amount	How often (delete as applicable)
<b>Petrol</b>	£ <input type="text"/>	Weekly / Fortnightly / Monthly
<b>Road Tax</b>	£ <input type="text"/>	1/2 Yearly / Yearly
<b>Insurance</b>	£ <input type="text"/>	Weekly / Fortnightly / Monthly / Yearly
<b>Maintenance (MOT etc.)</b>	£ <input type="text"/>	Yearly
<b>Mobility Scooter Batteries</b>	£ <input type="text"/>	Weekly / Fortnightly / Monthly / Yearly

A non dependant is someone over the age of 18 who lives in the property with the customer (but not as a partner) for example an adult son, daughter, relative or friend.

**Are there any non-dependants in your household?**

If Yes, what contributions do they make to the household expenses?

No  Yes

Please give details why you need to apply for Discretionary Council Tax Hardship Payment or if you have been receiving a Discretionary Council Tax Hardship Payment please state exactly what steps you have taken during the award to improve your situation financially:

## Financial Statement

Please complete this form as accurately as possible, taking into account all your existing commitments.

### Section 1: Personal Details

Name:

Address:

Postcode:

Claim Reference:

National Insurance Number:

Telephone Number(s):

Married Status

Employment Status


Married  Single  Other

Employed  Self Employed

Unemployed  Pensioner

### Section 2: People you look after financially

1

Dependants Name   
Age  DOB  /  /  Relationship

2

Dependants Name   
Age  DOB  /  /  Relationship

3

Dependants Name   
Age  DOB  /  /  Relationship

4

Dependants Name   
Age  DOB  /  /  Relationship

### Section 3: Main Employer Details

Employer name

Works number or pay reference:

Employer Address

Postcode


**Section 4: Your capital/savings**

Please list your bank/building society accounts or other savings

1  
2  
3

Bank/Building Society	<input type="text"/>
Account Number	<input type="text"/>
Account Balance	£ <input type="text"/>
Bank/Building Society	<input type="text"/>
Account Number	<input type="text"/>
Account Balance	£ <input type="text"/>
Bank/Building Society	<input type="text"/>
Account Number	<input type="text"/>
Account Balance	£ <input type="text"/>

**Section 5: Income**

		Weekly	Monthly
<b>My usual take home pay</b> (including overtime, bonuses, commission)	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>My partner's usual take home pay</b>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tax Credits</b>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Support/ Pension Credit Guaranteed</b>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Jobseekers Allowance</b>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Benefit</b>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other State Benefits</b>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>State Pension(s)</b>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Private/Occupational Pension(s)</b>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Money from boarders/ those who live in the home</b>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Maintenance received</b>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Disability Living Allowance/PIP</b>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Attendance Allowance</b>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other income(s) Please list below</b>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL INCOME</b>	£ <input type="text"/>		

### Section 6: Expenses

		Weekly	Monthly
Mortgage Payments	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Rates/Charges	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television (rental / licence)	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping, Food, School Meals	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling Expenses	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Payments	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Expense(s) Please list below	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL EXPENSES</b>	£ <input type="text"/>		

### Section 7: Priority Debts

		Weekly	Monthly
Rent Arrears	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage Arrears	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Rates / Charges Arrears	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Debts	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity Debts	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Arrears	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Debt(s) Please list below	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL PRIORITY DEBTS</b>	£ <input type="text"/>		

## Section 8: Court Orders

		Weekly	Monthly		
Claim Number	<input type="text"/>	Amount	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claim Number	<input type="text"/>	Amount	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claim Number	<input type="text"/>	Amount	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claim Number	<input type="text"/>	Amount	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL COURT ORDER INSTALMENTS</b>			£ <input type="text"/>		

## Section 9: Credit Debts

Credit Card/Loan Type	Amount of Debt Owed	Weekly Payment	Monthly Payment
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Credit Card/Loan Type	Amount of Debt Owed	Weekly Payment	Monthly Payment
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Credit Card/Loan Type	Amount of Debt Owed	Weekly Payment	Monthly Payment
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Credit Card/Loan Type	Amount of Debt Owed	Weekly Payment	Monthly Payment
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>TOTAL CREDIT DEBT PAYMENTS</b>			£ <input type="text"/>

## Section 10: Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they must sign this declaration as well.

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

**I have read and understand the following:**

- If I give information that is incorrect or incomplete, you may take action against me. This may include prosecution.
- You may check some of the information with other sources within the council, rent offices and other councils.
- You may use any information I have provided in connection with this and any other claim for social security benefits I have made or may make. You may give some information to other government organisations, if the law allows this.

**I know** I must let the council know about any change in my circumstances, which might affect my claim for Council Tax Reduction/Council Tax Discretionary Hardship Payment.

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

**Signature:**

**Date:**  /  /

**Partner Signature:**

**Date:**  /  /

## Help and advice

If you require help and assistance, or wish to discuss the matter, please contact us by:

- Phone on **(01623) 463463** and select option 2
- Email at **benefits@mansfield.gov.uk**
- Visiting our Revenues Enquiry Counter at the Civic Centre

### **Please return your completed form to:**

Mansfield District Council  
Civic Centre,  
Chesterfield Road South,  
Mansfield,  
Nottinghamshire  
NG19 7BH

### **Citizens Advice Bureau**

There are also independent advisory services such as the Citizens Advice Bureau who may be able to help you with budgeting advice or negotiating with your creditors on your behalf.

Mansfield Citizens Advice Bureau  
Advicehub  
16 Regent Street  
Mansfield  
Notts NG18 1SS  
Phone: 0844 8563411

### **National Debtline**

The National Debtline also offer free, confidential and independent advice during office hours on 0808 8084000.

### **General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice.**

Under the GDPR and DPA, Mansfield District Council, Chesterfield Road South, Mansfield, Notts. NG19 7BH is a Data Controller for the information it holds about you. The Council will hold all personal information provided by you for your application for Discretionary Housing Payments and Council Tax Hardship payments. The lawful basis under which the Council uses personal data for this purpose is Public Task

The information provided by you includes the following special categories of personal data ...

- physical or mental health

Information in these categories is used by the Council on the basis that such use is necessary for reasons of substantial public interest, and in accordance with the provisions of the Data Protection Act 2018.

Your data will be held for 6 years after the end of your claim. Subject to some legal exceptions, you have the right to request a copy of the personal information the Council holds about you; to have any inaccuracies corrected; to have your personal data erased; to place a restriction on our processing of your data; to object to processing; and to request your data to be ported (data portability). The information provided by you may also be used for other functions carried out by the Council in accordance with GDPR and DPA. For more information about how the Council may use your data and to learn more about your rights please see the Council's Privacy Statement [www.mansfield.gov.uk/privacy](http://www.mansfield.gov.uk/privacy)

If you have any concerns or questions about how your personal data is processed, please contact the Council's Data Protection Officer at the above address or by email to [dpo@mansfield.gov.uk](mailto:dpo@mansfield.gov.uk). If you are dissatisfied with the Council's response you can complain to the Information Commissioner's Office in writing to: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or by telephone 0303 123 1113 (local rate) or 01625 545 745.