Resources Directorate

Revenue Services

London Borough of Tower Hamlets

Revenue Services

Town Hall

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**Section 13A Application**

The council will consider any application which is made under Section 13A of the Local Government Finance Act 1992 upon its own merits and there are no pre-set criteria for awarding or not awarding a discount.

Dear ………

In order for the council to decide if you should be entitled to a reduction in your council tax charge please complete the following information.

1. **What periods are you claiming a reduction for? Please state the exact dates.**

**How much reduction are you claiming for each period? Please state the exact amounts.**

2. **What are your reasons for applying for the discretionary reduction?**

**3. Are you doing anything to improve your financial situation?**

4. **Please tell us how your circumstances might alter in future that will allow you to meet the shortfall.**

5. **Do you or a family member have any health problems, disabilities or special dietary needs? Please send any**

**supporting evidence when you return this form. If you have any additional expenses due to health reasons, please tell us here.**

**6. Regarding loans, arrears and any other debts – have you taken any steps to reduce the amounts owed or current payment arrangements? (i.e. have you been to a financial advice agency like Citizens Advice Bureau)**

**Income**

Please provide details of all money coming into the household on a weekly basis. This includes any income you and your partner receive on a weekly basis and if any non-dependants resident in the property contribute any money towards the household on a weekly basis.

|  |  |
| --- | --- |
|  | **Amount per week (£)** |
| Income Support / Job Seekers Allowance |  |
| Employment and Support Allowance / Severe Disablement Allowance |  |
| Universal Credit |  |
| Working Tax Credit |  |
| Child Tax Credit |  |
| Wages / Salary  Who is your employer |  |
| Child Benefit |  |
| Child Maintenance |  |
| Disability Living Allowance |  |
| Attendance Allowance |  |
| Carers Allowance |  |
| Non-dependant contributions |  |
| Other Income (please specify) |  |
| Total Income |  |

**Unless you are currently receiving means tested Council Tax Reduction you must supply evidence of all income.**

**Bank Accounts, Investments and other Capital**

Please provide details of all bank accounts, investments and any other capital or properties held.

|  |  |
| --- | --- |
|  | **Amount** |
| Please Specify |  |
| Please Specify |  |
| Please Specify |  |

**Unless you are currently receiving means tested Council Tax Reduction you must supply evidence of anything declared above**

**Expenditure**

|  |
| --- |
| Please provide details of all expenses that the household has on a regular basis. You will need to make it clear how much is spent on a weekly basis. Please include any arrears that you are currently paying for. |
| |  |  | | --- | --- | |  | Amount Per Week | | Food |  | | Toiletries/Household Products |  | | Gas/Electric |  | | Water Rates |  | | Council Tax |  | | Rent/Mortgage |  | | Internet |  | | Cable/Satellite TV |  | | Telephone |  | | Mobile Phone |  | | Petrol/Diesel |  | | Public Transport |  | | TV Licence |  | | Clothes |  | | Home Insurance |  | | Life Insurance |  | | Childcare Costs |  | | School Meals |  | | Credit Cards |  | | Store Cards |  | | Loans |  | | Other (Please Specify) |  | | **Total Expenditure** |  | |
|  |
| **You must supply evidence of all expenditure for all household members.**  **Declaration**  I confirm the details given are correct and I will notify you of any changes to my household income, capital or other circumstances as soon as any change happens.  I understand that if I give information that is false this could lead to legal proceedings being taken against me.  Your signature: Please print name:  Date: |
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