

Milton Keynes Council
Benefits Service
Civic Offices
1 Saxon Gate East
Central Milton Keynes
MK3 9HQ



Application for Discretionary Council Tax Reduction

Use this form if you are applying for discretionary help with Council Tax. Please complete the form in full and answer all questions.

Please note the Discretionary Council Tax Reduction is to help Council Tax payers who are in financial need and require assistance that cannot be met by the main Council Tax Reduction scheme. Awards will generally be made where there is a financial need as a result of greater necessary day to day living costs being incurred due to the characteristics of the applicant, their household or the nature of the property itself.

Bring the form to us or post it to the address at the top of this page

Name

Home Tel.
Number

Claim No.

National Insurance Number

Age

Mobile Telephone Number

Email

Address and Postcode

Please complete the questions below as fully as possible

Equalities Information

Is English your first language?

Yes

No

Are you?

A Lone Parent with a child under 3

Yes No

A Lone Parent with a disabled child

Yes No

Are you (or your partner if you have one?)

Disabled

Yes No

A Carer

Yes No

Is anybody in the household terminally ill?

Yes No

If yes who?

Is the property substantially adapted for a disability? Yes No

If you or your partner is disabled please detail any additional necessary expenses you have as a result of the disability.

Is care being provided to anyone in the household? Yes No

If yes,

Who receives the care?

Who provides the care?

Is care provided 24/7

Yes No

Why are you unable to pay your Council Tax bill? (*Tick all that apply*)

- Mental health issues
- Severe financial pressure
- Personal crisis or difficult event
- Young person leaving care
- Other reason

Please give any details you think will help support your request for a Discretionary Council Tax Reduction.

Do you have any savings or other financial resources? Yes No

If yes please detail below

Type/Organisation	Amount
	£
	£
	£
	£

Do you have any access to other funds?
(for example from families or friends) Yes No

Are you able to work? Yes No

If no, please give the reason why.
If yes, what efforts are to making to find work?

Are you undertaking voluntary work?

Yes No

If yes, give details.

Please detail below people who live with you.

Name	Age	Relationship to you	Employment Status

Can any of these people contribute towards the Council Tax?

Yes No

If yes, who?

How much can they contribute?

£

Per Week/Month.

Have you had or are you seeking professional advice to help you manage your finances?

Yes No

If yes, please state who you received or are due to receive advice from? Eg, CAB

Please send in a copy of any budgeting plans that have been set up for you.

Please give details regarding your income and expenditure – please enter either weekly or monthly amounts for the whole household

Income	Amount Weekly £	Amount Monthly £	Please give further information here if necessary
Wages/Salary Self			
Wages/Salary Partner			
Child Tax Credits			
Housing Benefit			
Council Tax Reduction			
Working Tax Credits			
Child Benefit			
Student Grant			
Maintenance in			
Income Support			
JSA			
Incapacity Benefit/ESA/			
Disability Living Allowance/PIP			
Severe Disablement Allowance			
Other state benefits			
Contribution from other adults in property			
State Retirement Pension			
Works Pension			
State Pension Credit			
Carers Allowance			
Other Income (please specify)			
Total			

Expenditure	Amount Weekly £	Amount Monthly £	Further information <i>Please use this column to explain any unusual or high amounts</i>
Priority payments			
Rent			
Council Tax			
Gas			
Electricity			
Water Rates			
Food			

Expenditure(Cont)	Amount Weekly £	Amount Monthly £	Further information <i>Please use this column to explain any unusual or high amounts</i>
Household (Cleaning etc)			
Clothing			
TV Licence			
Secured Loans/Mortgage			
Non-priority payments			
Overpayment Deductions			
Satellite			
Broadband/Internet			
Mobile phone			
Leisure Costs			
Credit Card			
Court Orders			
Court Fines			
Catalogues			
Car, Petrol			
Car Maintenance			
Car Loan			
Car Insurance			
Car Tax			
Motability Payment			
Travel, Bus Fares, Taxis			
Telephone			
House Insurance			
Repairs/Replacement Household Items			
Repairs and Maintenance of Property			
Other Insurance (please state)			
Other loans			
Alcohol			
Cigarettes			
Membership/Subscriptions			
Other (please specify)			
Total			

Total weekly income

Total weekly expenditure

If your expenditure does not exceed your income, then a discretionary payment is unlikely to be awarded.

You may be asked to provide evidence of your expenditure.

Declaration

I/We declare that the information I/we have given on this form is correct and complete.

I/We understand that if the information I/we have given is incorrect or incomplete, I/we will be asked to repay the Discretionary Council Tax Reduction award and you may take action against me. This may include court action.

I/We give you permission to use any information you have collected from my/our application for Discretionary Council Tax Reduction to help decide whether this can be granted. You may check some of the information with other sources as allowed by law.

You may use any information I/we have provided in connection with this and any other claim for Social Security benefits that I/we have made or may make. You may give some information to other government organisations as allowed by law.

I/We understand that the Council is under a duty to protect public funds it administers and to this end may use the information I/we have provided on this form for the prevention and detection of fraud. I/We understand that this information may be shared with other bodies responsible for auditing and administering public funds for these purposes. For further information please go to the Milton Keynes web site.

**Claimants or Representatives
Signature**

Partners Signature

Date

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