

EXCEPTIONAL HARDSHIP PAYMENTS (EHP) APPLICATION FORM

Exceptional hardship payments (EHPs) are available to help people with their council tax.

You must be getting council tax support to be able to receive an EHP.

If you have not claimed council tax support before then please contact the council and ask for a claim form.

Guidance Notes

Please answer all the questions as fully as possible and send us any proof we have asked for. If you need any further space to write your comments, please continue on a separate sheet of paper and send that to us along with your form.

The EHP fund is cash limited and there is a limit as to how much we can award. Awards may only be granted on a short term basis and are not a long term solution to financial difficulties.

We may need to contact you to talk about your application so it is important that you provide a telephone number and/or your email address.

Section A: You

Your council tax support reference number (if you know it).

Title

Surname

First name(s)

Date of birth

Address (for which you are claiming an EHP)

Postcode

Telephone number

Email address

If someone is helping you with this form, give their details.

Surname

First name(s)

Relationship to you

Telephone number

Full address

Postcode

Section B: Current circumstances

To help us make a decision, we need information about your current financial circumstances so we can understand what in particular has caused you hardship. For each answer, if you have any documents to support the information you have provided, please enclose them with this form. Originals will be returned to you. Please give as much detail as you can.

What are the exceptional circumstances which are causing you hardship?

How long do you expect these circumstances to continue?

What have you done to improve this situation?

Are you receiving financial assistance from an other source?

YES

NO

If yes, please provide full details.

Please provide any additional information you think will support your claim.

For example you could tell us about any recent or future changes affecting you (or a member of your household) such as starting/stopping work, bereavement, relationship breakdown etc.

Section C: Your household

Please provide details of all the people who live with you.

Name	Date of Birth	Relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you and your partner have other adults living with you, how much do they contribute to household costs and council tax? per week

Have you or your partner recently left employment? YES NO

If yes, please state who has recently left and when.

Have you or a member of your household got a disability, health problems or special needs? YES NO

If yes, please give details and provide supporting evidence.

e.g. doctor's letter, hospital or clinic appointments, medical certificates.

Section D: Capital and savings - Please provide the latest two months statements for each account.

Please list all of the bank accounts (including Post Office accounts) and other savings and/or invested money that you and your partner (if you have one) have. Please list all single name and joint accounts/savings/investments even if the accounts are overdrawn or not used very often.

Name of bank/building society etc	Type of account	Account number	Current balance
<input type="text"/> e.g. Halifax	<input type="text"/> e.g. current	<input type="text"/>	<input type="text"/> e.g. £100
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list the addresses of any property or land that you own and how much you think it is worth.

Section E: Weekly income

Please provide details of all income for you and your partner, if you have one.

Your take home pay

Maintenance received

Partner's take home pay

Pension credits

Income support

State retirement pension

Jobseekers allowance

Disability living allowance

Employment support allowance

Personal independence payment

Working tax credit

Universal credit

Child tax credit

Any other income

Child benefit

Occupational or private pensions

Section F: Weekly expenses

Please provide details of all expenditure for you and your partner, if you have one.

Do not include housekeeping such as toiletries, food, clothes, newspapers, cigarettes etc, we use a set amount based on your household.

Child care costs Please provide proof

Rent (after benefit) or mortgage

Child support agency or maintenance payments
 Please provide proof

School meals

Children's clubs and/or pocket money

Telephone (mobile and/or landline)

Credit card payments Please provide proof

Travel (bus fares or taxi fares e.g. if you have difficulty using public transport through disability)

Council tax (after support)

TV licence

Deductions from DWP benefits
 Please state what the deductions are for

Sky or cable television

Electricity

Vehicle - give separate amounts for each of the following

Gas

Car Loan

House/life insurances Please provide proof

Insurance

Internet/broadband

Maintenance

Loans and HP agreements Please provide proof

Petrol

Magistrates fines or county court judgements
 Please provide proof

Road Tax

Prescriptions

Water charges

Any other expenses - please tell us about them here.

It is important that you provide proof of the information where we have asked for it.

Section G: Debts

Please provide details of all debts for you and your partner, if you have one.

Who the money is owed to

Amount owed: **Please provide proof**

Weekly payments made

e.g. British Gas

e.g.£300

e.g.£15

Have you tried to renegotiate any of your debts or reduce your regular payments?

YES

NO

If yes, please say which ones and the outcome.

It is important that you provide proof of the information where we have asked for it.

Section H: Declaration

Please read this declaration carefully.

- I certify that the above information is true and complete
- I authorise the council to make any necessary enquiries to verify the information provided
- I understand that, if I give information that is incorrect or fail to report any changes that may affect my council tax support, I may be prosecuted
- I understand that, if I am paid too much exceptional hardship payment, I will have to re-pay it
- I agree that you may use the information that I have provided to change my housing benefit and/or council tax support claim and to process my request for an exceptional hardship payment
- I understand that, if my circumstances change, I must tell the council's revenues and benefits service, Parker Lane, Burnley straight away, in writing

Claimant's Signature

Date

What to do next

- Check that you have answered all the questions
- Check that you have signed the declaration
- Check that you have attached proof of the information we have asked for, otherwise we may not be able to award you a payment from the fund
- Now return your form and the supporting evidence, by post or in person, to: Contact Burnley, 9 Parker Lane, Burnley, BB11 2DS

Further Information

More information about EHPs can be found on our website www.burnley.gov.uk or you can call us on 01282 425011 or visit us at Contact Burnley, 9 Parker Lane, Burnley.

Independent advice is available from:

Burnley Citizens Advice

Suite A3 & A4, Lodge House, Lodge Square
Cow Lane, Burnley, BB11 1NN
T. 01282 450535
www.citizensadvice.org.uk

National Debt Line

Offers free telephone advice
T. 0808 808 4000
www.nationaldebtline.co.uk

Welfare Rights Burnley and Pendle

T. 0845 053 0013

Payplan

Offers free confidential debt advice
T. 0800 280 2816
E: help@playplan.com
www.payplan.com