

Rother District Council
Post Handling Service
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NOTTINGHAM
NG6 6DZ

Telephone (01424) 787000
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Email: revenuesandbenefits@rother.gov.uk



Name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>

FOR OFFICE USE ONLY	
REF	<input type="text"/>
DATE ISSUED	<input type="text"/>
ISSUING OFFICER	<input type="text"/>

Exceptional Hardship Payment

The Exceptional Hardship Payment (EHP) Scheme has been set up by the Council as part of the Council Tax Reduction Scheme to assist applicants who are facing 'exceptional hardship'.

The scheme has been created to ensure that a level of protection and support is available to those applicants most in need. It should be noted that the scheme is intended to help in cases of extreme financial hardship and not support a lifestyle or lifestyle choice.

The Council considers that the Exceptional Hardship Scheme should be primarily seen as a short term emergency fund. It will only be granted on a short term basis and is not a long term solution to financial difficulties.

Please complete the application in full. It is in your own interest to provide as much information as possible as we can only consider information included on the form.

Make sure that you provide your last 2 months bank statements for all accounts held and any other evidence that you feel is relevant.

Part 1 - Your Circumstances

To help make a decision, we need information about your current 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. Please give as much detail as you can.

What are the exceptional circumstances which are causing you hardship?

When did these circumstances start?

How long do you expect these circumstances to continue?

What action have you already taken to improve your situation?

Is there anyone else over 18 years of age also living in the property who are not listed on the Council Tax bill?

Yes No

If Yes, please provide their full names and dates of birth.

Are you receiving financial assistance from another source?
i.e. Charity, family member or friend.

Yes No

If Yes, please give details and provide evidence.

Do you or anyone living in your home have any health problems?

Yes

No

If Yes, please give details and provide evidence.

Have you recently suffered a bereavement?

Yes

No

If Yes, please give details.

Is there anything else about your family circumstances that you think we should know?
Please continue on a separate sheet of paper if necessary.

Please advise whether you are currently dealing with any agency listed below, please tick.

Homeworks

Yes No

If Yes, what help are you receiving?

Vulnerable Adults Team

Yes No

If Yes, what help are you receiving?

Mental Health Team

Yes No

If Yes, what help are you receiving?

Social Services

Yes No

If Yes, what help are you receiving?

Citizens Advice Bureau

Yes No

If Yes, what help are you receiving?

HARC

Yes No

If Yes, what help are you receiving?

Part 2 - Personal Income and Expenditure

Please tick the relevant box to indicate if figures are monthly or weekly

Income

Wages (1)	£
Wages (2)	£
Self Employment	£
JSA (IB) or (C)	£
ESA (IR) or (C)	£
Universal Credit	£
Income Support	£
Tax Credits	£
Pension Credit	£
State Retirement Pension	£
Private Pension	£
Child Benefit	£
Maintenance	£
Non-dependants c'butions	£

Disability Living Allowance:

Care Component	£
Mobility Component	£

Personal Independence payment:

Daily Living Component	£
Mobility Component	£
Armed Forces Independence payment	£
Other	£

Total income £

General Expenses

Mortgage	£
Rent	£
Council Tax	£
Water/sewerage	£
Gas	£
Electric	£
Telephone	£
Mobile phone	£
TV Licence	£
TV rental	£
Cable/Sky TV	£
Internet	£
Food	£
School meals	£

Travelling to work expenses	£
Car insurance	£
Car tax	£
Home insurance	£
Medical insurance	£
Pet insurance	£
Life assurance	£
Clothing	£
Prescriptions	£
Child Care	£
Other (please specify)	£
Other (please specify)	£
Total Expenses	£

Priority outstanding debts

	Balance	Repayments
Mortgage arrears	£	£
Rent arrears	£	£
Council Tax arrears	£	£
Utility arrears	£	£
Court fines	£	£
Maintenance arrears	£	£
Other	£	£
Total	£	£

Other Debts

	Balance	Repayments
Car Loan	£	£
Bank Loan	£	£
Hire Purchase	£	£
Catalogue	£	£
Credit Card 1	£	£
Credit Card 2	£	£
Store Cards	£	£
Other	£	£
Total	£	£

Total income	£
Minus total outgoings	£
Excess income	£

Please provide your last 2 months bank statements for all accounts held.

Declaration

Please read the declaration very carefully before you sign and date it. If you do not sign it we will have to send the form back to you and this will delay your claim. Where the declaration says “I” or “me” or “my” this means both you and your partner.

The Council can prosecute you if you give false information, or if you provide false or altered documents with your claim, or if you do not give us information that affects your claim (including a change in your circumstances).

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me and I will have to repay any payment made.
- You may use information I have provided in connection with this and any claim for Social Security Benefits that I have made, or may make.
- You may give some information to other organisations, such as government departments, local authorities, and private-sector companies such as banks and organisations that lend me money, if the law allows this.
- You may check some of the information with other sources within the Council and other third parties as the law permits.
- I will write to you straightaway if there are any changes in my or my households circumstances. For example, changes in income or savings or when someone moves into or out of the property.
- That I must accept assistance from either the Council or third parties, such as the Citizens Advice Bureau, to enable me to manage my finances more effectively.
- That I must maximise my income through applications for other welfare benefits that may be available to me, cancel non essential contracts and outgoings and take advantage of the most economical tariffs for the supply of utilities and services generally.

Your signature

Your name (please print)

Date

Warning

If you provide false statements, information or documents to support your claim or you continue to receive benefit when you knowingly fail to tell us about any relevant change of circumstances which happen after the date you make a claim, you will be guilty of an offence and may be prosecuted.

This information can be made available in large print, braille, audio/CD or in another language upon request.

Please telephone: 01424 787000

Email: customerservices@rother.gov.uk