

Correspondence only: Revenues and Benefits Service, PO Box 10004, Hinckley, LE10 9EJ

In person: Council Offices, Coalville, Leicestershire, LE67 3FJ

Telephone: 01530 454551 Fax: 01455 619853

E-mail: benefits@nwleicestershire.gov.uk

Website: www.nwleics.gov.uk

A CLAIM FOR DISCRETIONARY DISCOUNT FUND

Claim Ref:

SECTION ONE INFORMATION

If you are getting Local council tax support but you are still having problems meeting council tax payments, you may be able to get extra help.

What are Discretionary discount fund payments?

Discretionary discount fund payments are considered where the authority is satisfied there is an additional need to meet a council tax liability shortfall. There is a limited budget for these awards and each case is considered on its own merits. Usually awards are made for a short term, fixed period only, allowing time to seek alternative solutions to financial problems. Discretionary discount fund payments should not be considered as a long term measure or as part of your normal Local council tax support award.

Who can apply for a Discretionary discount fund payment?

To be eligible for a payment, you **must** have a liability for council tax. You also have to prove that you need more help to pay your council tax bill due to your financial and personal circumstances and that you have applied for or are receiving Local council tax support or any other benefit you may be entitled to.

If you are getting Housing benefit only you may be able to get help with your housing costs through the Discretionary housing payment scheme. You will have to contact the Benefits service of the council to request a form.

We are unable to consider a Discretionary discount fund if you are applying because of a reduction in your Local council tax support due to a non-dependant deduction.

If you are over pension age and in receipt of Second adult rebate we cannot make a Discretionary discount fund payment to meet any shortfall between Second adult rebate and your council tax liability.

We would also be unable to consider a Discretionary discount fund if the following conditions apply to you:-

- Your Local council tax support has been suspended because you have not supplied information needed to support your claim
- Any reduction in a Department for Works and Pensions benefit because you did not go to a workrelated interview.
- Any reduction or loss of benefit due to Job seekers allowance employment sanction.
- Any reduction in benefit due to a Reduced benefit direction or because you have not co-operated when arranging maintenance.

How can I apply for a Discretionary discount fund payment?

Fill in this form and send it to us straight away. You will need to enclose proof of the money you have coming in and going out.

We have a limited budget for Discretionary discount fund payments, which means that each application will be considered on it's own merits and not all applications will be successful.

If the application is filled in by someone acting on your behalf, please make this clear on the form.

How will it be paid?

Payment will be made along with your Local council tax support award and your council tax liability will be reduced. It will normally start from the Monday following the day we receive your application. Discretionary discount fund payments are paid for at least 1 week.

Any extra help given may not be for the full difference between your award and your council tax liability and may only be paid for a short period of time.

What do I do if my circumstances change?

You must tell us as soon as possible if your circumstances change. We may need to change an award of Discretionary discount fund if your circumstances have changed. If the change means that you have received money you are not entitled to you may be asked to pay it back.

Examples of changes in income and family circumstances are:

- When Income support or Jobseekers allowance stops or starts
- Change of address
- Changes in income or savings
- When someone moves in or out of your home

This list cannot cover everything. If you don't know if a change in your circumstances will alter your Discretionary discount, tell us anyway.

What do I do if I do not agree with your decision?

If you believe the decision has been incorrectly made you can write and ask us to reconsider your application again. You must contact us within one month of the date on the decision letter, giving the reasons why you disagree.

If you would like to apply for extra help, please complete this claim form and return it to:

The Leicestershire Partnership Benefits Section PO Box 10004 Hinckley LE1O 9EJ

Application for a Discretionary discount fund payment

Please answer all the questions in full, or tick the boxes that apply. Once complete please send the form to Benefits Section, PO Box 10004, Hinckley, Leicestershire LE10 9EF

SECTION TWO YOUR DETAILS
Surname: Other names:
Your date of birth: National Insurance Number:
Home address:
Daytime telephone number:
SECTION THREE INFORMATION TO SUPPORT YOUR CLAIM
What date did you move to this address? Do you or any of your family have any disabilities or health problems? If yes, please give details.
Has your property been adapted to accommodate a member of your household who is disabled?
Diagon tell ma if the area in which you live in particularly quitable for you (or your family)
Please tell me if the area in which you live is particularly suitable for you (or your family) For instance, do you or any member of your family need to live near a particular nursery, school, hospital or other service?
Could you afford the council tax when you first moved in? If yes, please tell me how, for example were you working at the time?

Have you tried to find alternative, cheaper accommodation? Yes No
Thave you thou to find alternative, cheaper accommodation.
If yes, please give details of any accommodation you found, when you found it and why you were not able to move:
Is there any reason why you would not be able to move if you found somewhere cheaper to live? If yes, please give details.
Are you registered with any housing associations or on Yes No the waiting list for a council property?
Do you have family or friends who could help you to pay your council tax? If yes, please give details.
Do you have any income or savings/investments that you could use to top up your council tax payments? Yes \(\subseteq \text{No} \subseteq \text{No} \subseteq
If yes, how much could you pay towards the shortfall?
£ a week (council tax)
Have you recently been bereaved?
If yes, please state the date and who has died.
Do you have council tax arrears?
If yes, please give details.
If you do not have council tax arrears, how have you managed to pay the shortfall up to now?

Do you have any other debts? (HP, loans, fines, credit cards etc)
If yes have you contacted any organisations such as Money Advice or the Citizens Advice Bureau to assist
you in reducing your outgoings?
If you have places give details and any advice given
If you have, please give details and any advice given.
Have you visited Gov.uk or contacted the Department of Work and Pensions to check that you have
claimed all the benefit you are entitled to or for debt advice?
Yes No
165 140
Have your circumstances changed since you moved to this property, or are they likely to change in the
near future?
If yes please give details.

SECTION FOUR YOUR INCOME AND OUT-GOINGS

Please give details of the money coming in to and going out of your household.

Household income	e details	How much?	How often?	For office use only
Take-home pay	(claimant)			
	(partner)			
Self-employed income	(claimant)			
	(partner)			
Redundancy payments				
Works pension or annu	uity			
State pension/ Pension	redit			
Income support				
Jobseekers allowance				
Child tax credits				
Working tax credits				
Child benefit				
Incapacity benefit				
Employment support al	llowance			
Other benefits please s	state:			
Otatutamualalama				
Statutory sick pay				
Maternity pay or allowa	ance			
Retirement pension	**1			
Board from people livin				
Money from friends or f				
Child support or mainte	enance			
Total savings	.,			
Other income (please s	specity)			
TOTAL				
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Household out-goings	How much?	How often?	For office use only
Council tax			
Mortgage			
Electricity			
Fuel (gas, oil and coal)			
Water rates			
Telephone (home)			
Telephone (mobile)			
Travel costs(please give details)			
Maintenance (inc child or CSA)			
Hire purchase and catalogues			
Court fines (please give details)			
Secured loans (please give details)			
Television licence			
Television rental			
Satellite or cable television			
Internet or broadband			
Clothing			
Housekeeping (food and necessities)			
Cigarettes & tobacco			
School meals			
Child care costs			
House insurance			
Life insurance			
Leisure and social activities			
Medical expenses			
Other outgoings (please specify)			
TOTAL			

If any of your expenses are unusually high, please tell me why below and send proof of these expenses.
SECTION FIVE OTHER INFORMATION
Is there anything else you would like to tell us in support of your application?

SECTION SIX DECLARATION

If you give false information, or you do not tell us information that is relevant, you may be prosecuted.

Declaration

- The information I have given is true and complete
- I authorise the local authority to check the information if they want to.
- I will write and tell you if there are any changes in my circumstances or my household circumstances.
- I understand that my application may not be considered if I do not give all the information you have asked for.

We must protect the public funds we handle and so we may use the information you have given on this form to prevent and detect fraud.

How will we use your information

Your information will be used so that we process your claim for housing benefit or council tax support or both. The information provided may also be used in connection with this and any other claim for social security benefits that you have made or may make.

We will give some information to other organisations, such as government departments, local authorities and private-sector companies like banks and other organisations that may lend you money, if the law allows this.

Under Article 6(1) (e) of the General Data Protection Regulations, we are permitted to use data for our tasks; data Protection law describes this legal basis for handling your information. It will be used by North West Leicestershire District Council and our partners to deliver and improve services and fulfil our statutory duties. We will not disclose any personal information to any other third parties unless required or allowed to do so by law.

Read more about how we use personal data on privacy notice page:

https://www.nwleics.gov.uk/pages/data_protection_notice Or write to the council at: Data Protection Officer,

North West Leicestershire District Council, Council Offices, Coalville, Leicestershire LE67 3FJ Telephone:

01530 454763 email: dpo@nwleicestershire.gov.uk

Do not delay in sending back this form.

You must sign the declaration below:

I have read the declaration and warning above and declare that to the best of my knowledge and belief, the information shown on this form is true and complete

I know that I must let the council know in writing about any changes to my circumstances which might affect my claim.

Signature:	Date:	

Equality Monitoring Form

We want to make sure that our services are provided fairly and to those who need them. The information collected helps us to get a picture of who contacts us, uses or does not access our services and will help us improve what we provide and reduce potential barriers to access.

Please answer the questions below by ticking the boxes that you feel most describe you.

You are not obliged to answer all questions but the more information you supply the more effective our monitoring will be.

The information you supply will be strictly confidential and is not used in connection with your claim.

1. Are You:	Male \square		Female		Transge	nder \square
2. Age:	under 16	16-19	20-29	30-39	40-49	50-59
	60-69	70-79	80+			
3. Do you hav	e a disability th	at limits your ac	ctivities in any v	way? Y	es 🗌	No 🔲
If Yes, please s	select below whi	ch applies to you	:			
Senso	ry disability \square	Physical disabil	lity 🔲 Learnir	ng disability	/ Mental h	nealth 🗆
Long-t	erm illness \square					
4. To which of	f these groups	do you consider	you belong to	?		
White	Asian or Asian E	Mixed	d		Black or Black British	Chinese or other ethnic group
British	Indian		and Black Carib		Caribbean	Chinese
Irish [Pakistani	White	and Black Africa	an 🔲 /	African	Other
Other white	Banglades	hi 🗌 White	and Asian		Other	
	Other Asia	n 🔲 Other	Mixed			
Do you consider yourself to be: Roma ☐ Gypsy ☐ Traveller ☐						
6. What are your religious beliefs?						
Buddh	ist 🗌	Christian	Hindu		Jewish	Muslim
Sikh [Sikh No Religion Other Please specify					У
7. What is your sexual orientation?						
Heterosexual □ Gay □ Lesbian □ Bisexual □						
8. Employment Status						
Employed Unemployed		Retired	I 🗆	Student		
If employed please indicate						
Full Time Part Time Self Employed						
9. Marital status						
Single Widowed Married Co-habiting						
Separated In a civil partnership Divorced						
	ated In a ci	/il partnership	Divorce	ed 🔲		