

**Application for Council Tax Reduction under Section 13A of the Local Government Finance Act 1992**



**Guidance for applicants**

Section 13A (1) (c) of the Local Government Finance Act 1992 provides the Council with additional discretionary powers to enable it to reduce the Council Tax liability where statutory discounts, exemptions and reductions do not apply, or have been exhausted.

When deciding on whether to grant a discretionary award, the council will consider each application on its own merits and in line with the BCP policy. Please read the policy at <https://www.bournemouth.gov.uk/CouncilTax/CouncilTaxDocuments/bcp-s13a1c-policy.pdf> and then indicate which criteria you are applying under.

- Unoccupied dwelling due to unexpected event e.g. flood, fire
- Unoccupied due to exceptional circumstances
- Experiencing severe financial difficulty
- Subject to an Empty Homes premium

Please note that if a joint bill has been issued, then the application must also be made in joint names. Only one application needs to be completed if the other person is your partner, however if you are jointly liable with a person(s) who is not your partner, then each liable person **must** complete an application form.

**About you**

Name of applicant(s)

Contact address

Name and contact details of appointee / advocate / authorised third party (where applicable) **Please provide evidence**

Telephone number

Email address

**About the property you are applying for a discretionary reduction**

Council Tax Bill reference

Address of property for which a discretionary reduction is being applied

Amount of reduction required

Period of reduction

Any personal information you provide us with, will be held and used in accordance with the law and the Data Protection Act 2018. If you would like to find out more information about how we use your information, please see our Privacy Notice here: [bcpcouncil.gov.uk/privacyRBB](http://bcpcouncil.gov.uk/privacyRBB)

**About your household?**

Please give us the name and age of the people within your household

Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>

**In order to consider your application please answer the following questions:**

What are your reasons for applying for a reduction in Council Tax?

Please fully explain the circumstances that are creating any financial difficulty, and how long you expect these circumstances to continue.

What steps have you taken, or will you be taking to improve your financial situation?

If you have approached an organisation for financial assistance or money management advice, please also provide details.

Have you left the property empty to move to more suitable accommodation or to receive or provide care due to age, illness, disability, addiction problems or mental health problems, or has the property been left empty due to an unexpected event, such as fire or flood? If yes, please provide full details

Have you claimed Council Tax Support?      **Yes**       **No**

Are you receiving financial assistance from any other source? If yes, please provide details and evidence.

Who are the owners of the property you are asking for a reduction at?

If you own the property, what is the value of equity in the property?

£

Is the property currently vacant?

**Yes**       **No**

Is the property currently marketed for sale?

**Yes**       **No**

If yes, please provide details of who is the marketing / estate agent for this property

If the property is not currently marketed for sale, please give details as to why it is not

Is the property currently marketed for rent?      **Yes**       **No**

If yes, please provide details of who is the marketing / estate agent for this property

If the property is not currently marketed for rent, please give details as to why it is not

Do you or your partner own any other properties or land?

If yes, please provide details and

the value of any rental income you are in receipt of?

Do you have any outstanding appeals with the Valuation Office Agency (VOA), the Department for Work and Pensions (DWP), any other appeals, and / or claims for insurance, or compensation in progress? If yes, please provide details and evidence

## Your Income and Expenditure

**Amount** - enter the amount you usually receive & how often (eg monthly, weekly or fortnightly)

**Evidence Supplied**  
Y/N

### Income

#### Earned income

Wages / Salary 1	£	per	
Wages / Salary 2	£	per	
Income from self-employment	£	per	
Any Statutory payments (eg maternity / sick)	£	per	

#### Benefits and Support

Universal Credit	£	per	
Council tax Support	£	per	
Housing Benefit	£	per	
Child Benefit	£	per	
Tax Credits	£	per	
Maintenance payments	£	per	
Jobseekers Allowance or Employment and Support Allowance	£	per	
Any bereavement benefits	£	per	
Personal Independence Payments or Disability Living Allowance	£	per	
Carers Allowance	£	per	

#### Pensions

Total of State pension	£	per	
Total of any private pensions	£	per	
Total of any annuity	£	per	
Pension Credit	£	per	

#### Other income

Non-dependant contributions	£	per	
Student income	£	per	
Income from lodgers	£	per	
Rental income from property	£	per	
Maintenance payments	£	per	
Anything you have not already told us about	£	per	

**Evidence Supplied**  
Y/N

**Value / Balance**

#### Capital & Savings

Total of all bank and / or building society accounts	£		
Premium Bonds	£		
Stocks, Shares and Unit Trusts	£		
Life Assurance / Endowments	£		
ISA / PEPS / TESSA accounts	£		
Land or buildings other than your home	£		
Any other capital	£		

### Expenses

**Amount** - enter the amount

**Evidence**

you usually spend & how often  
(eg monthly, weekly or  
fortnightly)

**Supplied  
Y/N**

<b>Housing Costs</b>			
Mortgage	£	per	
2 <sup>nd</sup> mortgage	£	per	
Council Tax	£	per	
Rent	£	per	
Ground rent / Service charge	£	per	
Insurance (contents / buildings)	£	per	

<b>Utilities</b>			
Water Rates	£	per	
Sewerage Charges	£	per	
Gas	£	per	
Electricity	£	per	

<b>Household</b>			
Food, general housekeeping & toiletries	£	per	
Nappies/baby items	£	per	
Clothing (adult)	£	per	
Clothing (children)	£	per	
Childcare / school activities	£	per	
School Meals	£	per	
Phone - Mobile	£	per	
Phone - Landline	£	per	
Broadband	£	per	
TV package	£	per	
TV licence	£	per	
Other insurance, please specify	£	per	
Hire Purchase	£	per	

<b>Travel &amp; Transport</b>			
Public Transport	£	per	
Vehicle cost (eg Insurance, tax, MOT, fuel)	£	per	
Car Loan	£	per	

<b>Health &amp; Personal costs</b>			
Prescriptions	£	per	
Care costs	£	per	
Maintenance / CSA Payments	£	per	

<b>Other</b>			
Anything you have not already told us about	£	per	

<b>Debt</b>	<b>Total amount outstanding (£)</b>	<b>Amount of repayment (£)</b>	<b>Frequency of repayment</b>

**Evidence required**

**Each application will require evidence to support the request, these include the following:**

- Two months bank statements for all accounts held
- Evidence of priority expenditure e.g. rent, mortgage, utility bills
- Evidence of all income received
- Evidence of debts and repayments
- Evidence of savings, capital, stocks, shares, value of other property
- Any other additional information to support your application

**Declaration**

**I declare** that the information given on this form is, to the best of knowledge, accurate and complete.  
**I understand** that whilst this application for a discretionary reduction is being considered I must still pay any Council Tax due.

**I understand** it is an offence to deliberately make a false statement or withhold information in order to obtain a discretionary reduction and to do so could result in BCP Council taking action against me. This may include court action which could lead to prosecution.

**I understand** that information I have given to BCP Council or other Government departments in relation to this or any other application for benefits or financial assistance may be used in connection with this or any other application as allowed by the law.

**I understand** that I must notify BCP Council of any changes that may affect my entitlement to any discretionary reduction that I may be awarded.

Sign  
(claimant)

Date

Sign  
(partner)

Date