

OUR USE ONLY:

Issued by:

Case Ref:

Date:



Scan as :DCTRAPP

Request for Discretionary Council Tax Reduction

You may apply for a Discretionary Council Tax Reduction (DCTR) to help with any shortfall in your Council Tax Support. If you wish to apply for a DCTR you should answer the relevant questions overleaf in full. Please provide any documents that may support your case.

Please note you will not be eligible for DHP if you already receive maximum Council Tax Support.

You should return this form as soon as possible but not later than one calendar month of the above date.

If you would like more information in your own language, please contact us at the address shown in the box below.

Albanian
Arabic
Bengali
Chinese
Farsi
French
Polish
Punjabi
Somali
Spanish
Tamil
Urdu

Nese deshironi me shume informacion ne gjuhen tuaj, ju lutemi te na kontaktoni ne adresen e dhene ne kutine me poshte.

إذا أردت معلومات إضافية بلغتك الأصلية الرجاء الاتصال بنا في العنوان المدون ضمن الإطار أدناه.

আপনি যদি আপনার নিজের ভাষায় আরও তথ্য জানতে চান, তাহলে নিম্নের বাক্সে প্রদত্ত ঠিকানায় আমাদের সাথে যোগাযোগ করুন।

如果你需要用中文印成的資料，請按低端方格內提供的地址與我們聯繫。

اگر مایل به کسب اطلاعات بیشتر به زبان خود هستید، لطفاً از طریق آدرس زیر با ما تماس بگیرید.

Pour tout renseignement complémentaire dans votre propre langue, veuillez nous contacter à l'adresse figurant dans l'encadré du bas.

Jeśli życzy sobie Pan/i więcej informacji w swoim języku, proszę się z nami skontaktować pod adresem podanym w dolnej ramce.

ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਵਿਚ ਹੋਰ ਜਾਣਕਾਰੀ ਲੈਣੀ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਹਿੱਸਾ ਕਰਕੇ ਹੇਠ ਲਿਖੇ ਖਾਨੇ ਵਿਚ ਦਿੱਤੇ ਪਤੇ 'ਤੇ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Hadii aad u baahan tahay faahfaahin intaa kabadan oo ku soobsan afkaaka hooyo ama Af Somali fadlan lana soo xiira cinwaanka hoos ku qoran.

Si usted desea más información en su propia lengua, por favor contáctenos en la dirección al pie del formato.

உங்கள் மொழியில் மேலதிக தகவலைப் பெற விரும்பினால், அடியிலுள்ள பெட்டிக்குள் தரப்பட்டுள்ள விவரத்தில் எம்முடன் தொடர்பு கொள்ளுங்கள்.

اگر آپ اپنی زبان میں مزید معلومات حاصل کرنا چاہتے ہیں تو براہ کرم ہم سے اس پتے پر رابطہ قائم کریں جو کہ نیچے کے کس میں درج ہے۔

You can also get this information in large print, in Braille and on tape.

Merton Benefits Service, London Borough of Merton, Civic Centre, PO Box 610 Morden SM4 5ZT

Merton Benefits Service

Discretionary Council Tax Reduction (DCTR) application

Please answer the questions below as fully as possible. We will need to see proof of what you tell us. We may also ask you to attend an interview or we may visit you at home.

SECTION 1 – ABOUT YOU

Your first name

Your surname

Your National Insurance number:

The address you want DCTR for (including flat or room number and post code)

What date did you move into this address?

What is your country of birth?

When did you last arrive in the United Kingdom?

What is your status in the United Kingdom? British citizen Other state below:

Contact telephone number:

Email address:

(We will only use these details to contact you if we need further information to help us with your application.)

SECTION 2 – PEOPLE WHO LIVE WITH YOU

Please tell us about other people who live with you.

Name	Age	Relationship to you

Continue on a separate sheet if necessary

Could any of these people, help you with your payments? Yes No
If yes, how much could they afford in total? £ every

Can anyone make up the difference between your council tax and the Council Tax Support you are getting? Yes No
If yes, who is it?

How much can they afford? £ every

SECTION 4 – YOUR OUTGOINGS

Please provide proof of your outgoings (e.g. rent account statement, gas bills, electricity bills, bank statements showing payments made; credit agreement etc.)

Household bills	How much?	How often?
Rent		
Gas		
Electricity		
Other fuel		
Water rates		
Household insurance		
Child care		
Food		
Clothing		
Laundry		
Telephone		
Mobile phone		
Insurance / health /endowment policies		
Television rental		
Video rental		
Washing machine rental		
Hire purchase payments		
Travel to work/school		
Council Tax		

Repayment of loans/debts

Name of loan provider	Reason for loan	How much are you paying?	How much do you still owe?
		£ _____ Every _____	
		£ _____ Every _____	
		£ _____ Every _____	

Other outgoings (e.g. deductions from your benefits to repay debts or overpayments)

Description	How much are you paying?	How often?
	£ _____ Every _____	
	£ _____ Every _____	
	£ _____ Every _____	

SECTION 5 – SAVINGS AND CAPITAL

Do you have any savings, capital or investments?

Yes No

If yes, how much in total?

£ _____

Please provide proof of any savings, capital and investments you have. Please note these are cross referenced to other data we hold. You must tell us about all accounts and capital held by you and your partner.

Do you, or any member of your family who lives with you, have any special needs, which mean you have to spend more money than normal, e.g. special dietary needs or medical reasons?

Yes No

If Yes, please give details of who the cost relate to and what they are:

Name	What is the special need	Weekly cost (£)

SECTION 6 – PERSONAL STATEMENT

Please add any other information you think may help your case

Continue on another sheet of paper if you need to.

PROOF

If you have any proof of anything you have said, it will help to send it in or upload an image of it at merton.gov.uk/hbupload. You can also bring it in and use the photocopier in Merton Link on the ground floor of the Civic Centre in Morden and post it in the Housing Benefit mailbox.

DATA PROTECTION

Your personal information will be held and used in accordance with the requirements of the Data Protection Act 1998. We have a duty to protect the public funds we administer and may use the information you have provided for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, go to <http://www.merton.gov.uk/legal/nfi-fdp.htm> or contact the Data Protection Officer by email: data.protection@merton.gov.uk
Further information is available from: <http://www.auditcommission.gov.uk/nfi/fpindex.asp>

SECTION 7 – DECLARATION

You must read the following statement carefully and sign and date the form in the appropriate spaces below. If you have a partner, they should also sign it too.

1. **The information I have given on this form is correct and complete to the best of my knowledge.**
2. **I understand that anyone who dishonestly claims or receives benefit or a discretionary housing payment may be prosecuted.**
3. **I give my permission for the council to make any enquiries it thinks necessary to verify the information on this form.**
4. **I also give my permission for Merton Council to verify this information with my/my partner's employers and my/my partner's bank or building society and to visit me to check that the details of my claim are correct.**
5. **I also understand that you may share and verify this information with other organisations that handle public funds; including, other sections within the council, rent officer, other councils and benefit authorities.**
6. **I know that I must tell the council benefit office about any relevant changes of circumstances that happen after I have signed this claim. These could be things like:**
 - **A change of address temporarily or permanently**
 - **A change in my/our income, or that of anyone living with me/us**
 - **I/we stop getting Universal Credit, Income Support, Job Seekers Allowance or Employment and Support Allowance**
 - **If somebody joins or leaves my household**
 - **If I go on holiday for more than 4 weeks or leave the country**

Your signature: _____ Print name: _____ Date _____

Your partner's signature: _____ Print name: _____ Date: _____

If you have had help filling in this form please give the details below:

I have completed this application form on behalf of the person named above. I have read out each question to this person and written down their answers:

Signature: _____ Name: _____ Date: _____

INFORMATION ON AWARDS

Where a Discretionary Council Tax Reduction is made in respect of help with Council Tax, this will be credited direct to your Council Tax account for the same period as your Council Tax Support.

If you are awarded Discretionary Council Tax Reduction, your award will be made from the Monday after we received your form in the office. The award will be made for a minimum of 13 weeks (unless your Universal Credit ends in less than 13 weeks, when it will be paid only until the end of that UC entitlement). When you make a new claim for UC and/or Council Tax Support you will also need to make a new claim Discretionary Council Tax Reduction.

IMPORTANT: PLEASE NOTE

Merton Benefits Service is allocated a strictly limited budget by central Government that we can spend on Discretionary Council Tax Reduction.

For this reason even if you are awarded a Discretionary Council Tax Reduction, it may not be given for the full amount of the shortfall of your rent or for the whole of your benefit period.

It is also possible that you may not be able to receive a Discretionary Council Tax Reduction every time, or if you do, it may not be for the full amount of the shortfall.

Please return this form by:

Electronic method	Post to:
<ul style="list-style-type: none">• Take an image of the form (digital photo/scanned image)• Upload the image to merton.gov.uk/hbupload• In the HB ref field quote "DCTR"	Merton Benefits Service PO Box 610 Merton Civic Centre London Road Morden SM4 5ZT

Merton Benefits Service is committed to providing a service that suits the needs of its customers. Please tick your answers to the questions below to help us and return this survey with your application for Discretionary Housing Payments The information you give is confidential and will not be held on your Universal Credit/Council Tax Support file. The information will help us to improve our services and will help to target them in the right areas of the borough:

1. Ethnic origin

White

Indian

Black British

White Irish

Pakistani

Black Caribbean

White Other

Bangladeshi

Black African

Mixed Race

Tamil

Black Other

British Asian

Asian Other

Chinese

Other

Please say what _____

2. Registered blind

In what format do you prefer to receive correspondence?

Large Print

Braille

Audio

Other

Please say what _____

3. Languages

a) What is your first/main language? _____

b) If you are deaf or hard-of-hearing do you use:

British Sign Language

Lip Reading

Sign Supported English

Other. Please say what

4. What is your postcode?