



Exceptional Hardship Payment

What is an Exceptional Hardship Payment?

The Exceptional Hardship Payment (EHP) Scheme provides customers with further financial assistance when the Council thinks that help with Council Tax is needed. There must be a shortfall between your Council Tax charge and your award of Local Council Tax Support (LCTS) and as a result of this you are suffering 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.

EHP awards are expected to be short term awards to overcome temporary situations and to give customers time to seek assistance to resolve their financial difficulties.

Whether you are awarded an EHP, how much it is for and for how long will be a decision for the Council and will depend on an individual's circumstances. Each case is treated on its own merits.

Who can claim EHPs?

A person must be currently claiming LCTS and be deemed to be suffering exceptional hardship as mentioned above.

What information do I need to provide?

Please complete the application in full. It is in your own interest to provide as much information as possible so that we can fully understand your circumstances.

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

*****If these are not provided or if the form has not been completed in full, no further action will be taken*****

Name:

Address:

Tel No:

**The Benefits Section
Gosport Borough Council
Town Hall
High Street
Gosport
Hampshire
PO12 1EB.
Tel: 023 9254 5325**

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 been bereaved?

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.

Part 2 - Personal Income and Expenditure

Income	Amount	Weekly / Monthly	Expenditure	Amount	Weekly / Monthly
Wages/Salary			Rent		
Partners Wages/Salary			Mortgage		
JSA			Secured Loans		
Income Support			Council Tax		
Working Tax Credit			Home Insurance		
Child Tax Credit			Life Insurance		
Retirement Pension			Food & Housekeeping		
Private Pension			Southern Water		
Child Benefit			Portsmouth Water		
ESA			Gas		
Disability Allowance			Electric		
PIP			TV Licence		
Attendance Allowance			Court Fines		
Contributions from other household members			Maintenance Paid out		
Maintenance			Pension		
Voluntary payment			Telephone Charges		
Any other income			Travelling expenses		
			Car Tax		
			Car Insurance		
			Petrol		
			School Meals		
			Cigarettes		
			Alcohol		
			Other – please detail		

Declaration

Please read this declaration carefully

- I/we declare that the information I/we have given on this form is correct and complete to the best of my/our knowledge.
- I/we authorise the Council to make any necessary enquiries to verify the information on this form.
- I/we authorise the Council to cross check the information I/we have given with other sections within the Council, Rent Officer, other Councils and Benefit Authorities and any other public bodies involved with the protection of public funds.
- I/we understand that I/we have a duty to give the Council such information and evidence as it may require to enable it to make a decision and I understand that if I have not provided all the necessary evidence my request will not be processed.
- I/we understand that if I/we give information that is incorrect or incomplete or fail to report any changes that might affect my/our exceptional hardship payment I/we may be prosecuted.

Signature of claimant

Signature of partner

Date

Gosport Borough Council is committed to equal opportunities for all.

If you need this document in large print, on tape, CD, in Braille or in another language, please ask.

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Gosport,
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PO12 1EB
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