



BUSINESS RATES HARDSHIP RELIEF CLAIM FORM

Name

Home Address

Business Address

Account Ref Home Tel. No. Work Tel. No.

Type of Business

Reason for Claim

If business premises are leased or rented, please provide the following information:

Annual Rent Lease Expiry Date

If business premises are owned or subject to a mortgage, please provide the following information:

Monthly Mortgage Payment Estimated Market Value

Particulars of Household

Please give details of every person living at your home address (including lodgers, boarders etc.)

Name	Date of Birth	Relationship to Applicant	Employment
		Applicant	

Details of Investments

Name of Bank/Building Society/Other Investment	Capital Balance

Details of Weekly Income

N.B. PROOF MUST BE PROVIDED OR YOUR APPLICATION WILL NOT BE CONSIDERED

	Applicant (£)	Partner (£)
Net Wage or Salary		
Family Credit		
Child Benefit		
Income Support/Job Seekers Allowance		
Incapacity Benefit		
Disability Living Allowance		
Pensions		
Other Income (Please specify)		
.....		
.....		
.....		
Total Weekly Income		

Details of All Weekly Expenditure

PLEASE SUPPLY RECENT COPIES OF UTILITY BILLS (e.g. Electricity, Gas, Telephone)

	Household		Business	
	Amount (£)	Arrears (£)	Amount (£)	Arrears (£)
Rent or Mortgage				
Council Tax				
Water Charges				
Insurances				
Electricity				
Gas				
Telephone				
Travelling Expenses				
Food and Clothing				
Bank Loans				
Credit Agreement Payments				
Court Judgements etc.				
Other Expenditure				
.....				
.....				
.....				
Total Weekly Expenditure				

Declaration

I declare that the information given on this form is accurate to the best of my knowledge and certify that I have no other income. I authorise you to make any necessary enquiries to check the information I have provided.

Signed.....

Date.....

