

This form is to apply for discretionary financial assistance due to being adversely affected by the Covid-19 pandemic.

Application to Covid-19 Hardship Fund

Name:

Address:

You and Your Partner

**OFFICE USE ONLY**

Benefit Ref#:

CTAX REF#:

Date of issue:

Please provide details for yourself and your partner in the table below.

|  |  |
| --- | --- |
| Your details (Claimant) | Your Partner’s details |
| Title |  | Title |  |
| Forename |  | Forename |  |
| Surname |  | Surname |  |
| Other name(s) |  | Other name(s) |  |
| Date of birth |  | D.O.B. |  |
| National Insurance no. |  | NINO |  |
| Tel. no. |  | Tel. no. |  |
| Email |  | Email |  |

**People who live with you**

Are there any other people living with you?
(This includes children, grown-up children, parents, grandparents, aunts, uncles, stepchildren, other relatives, friends, lodgers, boarders, subtenants and foster children.)

|  |  |  |  |
| --- | --- | --- | --- |
| Forename | Surname | Date of Birth | Relationship to claimant |
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Part 1 - Employment Details

**Were you in employment (or about to enter employment) prior to 01/04/2020?**

 Yes [ ]  No [ ]

**Has Covid-19 prevented your from working?**

Yes [ ]  No [ ]  Not Applicable [ ]

If yes, please detail the periods you were unable to work in the box below:

**Were you eligible for the Government Furlough Scheme (Employed/Self-employed)?**

Yes [ ]  No [ ]  Not Applicable [ ]

If No, please explain why you were not eligible, and provide any supporting evidence you have received confirming your ineligibility.
If Yes, please provide evidence of your furloughed income.

**Have you been made redundant as a result of Covid-19?**

 Yes [ ]  No [ ]  Not Applicable [ ]

 If yes, please provide supporting evidence of your redundancy, confirming the dates from which this applies.

|  |  |  |  |
| --- | --- | --- | --- |
| Income type | Name of recipient | Amount (£) | Frequency |
| Your Earnings from Employment Hours |  |  |  |
| Partners Earnings from Employment Hours |  |  |  |
| Earnings from Self-Employment |  |  |  |
| Universal Credit (UC)Please supply the latest award and full breakdown. |  |  |  |
| Employment SupportAllowance (ESA) |  |  |  |
| Job Seekers Allowance (JSA) |  |  |  |
| Income Support (IS) |  |  |  |
| Bereavement Support Allowance |  |  |  |
| State Retirement Pension |  |  |  |
| Private/Company Pension |  |  |  |
| Income from Rent/ Subtenant/Boarder |  |  |  |
| Pension Credit (Guarantee/Savings) |  |  |  |
| Maternity Allowance |  |  |  |
| Student Loan/Grant/Bursary |  |  |  |

**Please complete the table below indicating all income from all members of your household.**

**Part 2 – Household Income**

**Part 2 – Household Income (Continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| Income type | Name of recipient | Amount (£) | Frequency |
| Child Benefit |  |  |  |
| Maintenance |  |  |  |
| Foster Child/Adoption/Guardians Allowance |  |  |  |
| Child Tax Credits |  |  |  |
| Working Tax Credits |  |  |  |
| DLA/PIP – Care |  |  |  |
| DLA/PIP – Mobility |  |  |  |
| Attendance Allowance |  |  |  |
| Carers Allowance |  |  |  |
| Severe Disability Allowance |  |  |  |

If you have any other income/benefits (E.g. Widows benefit) please complete the table below, indicating what they are, how much they are, and if it is contributions from others, who it is received from.

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| --- | --- | --- | --- |
| Income Type | Name of Recipient | Amount (£) | Frequency |
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If **anyone** has nil income, please indicate in the box below and explain why it is nil.

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**Non-Dependant & Other Household Income:**

**Please use this page to declare any information relating to other persons in the Household and their income.**

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| --- | --- | --- | --- | --- |
| **Name** | **Type of Income** | **Amount (£)** | **Frequency** | **Hours Worked** |
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**Part 2 – Household Income (Continued)**

**You must complete the table below even if you have accounts which have Nil balance.
We will ask for supporting evidence of at least 2 Months Bank Statements (including transactions) for all accounts.**

**Part 3 – Savings and Investments**

**Please use the space below to tell us about any other forms of Savings/Capital that you hold, this may include:**Building Societies Paypal accounts Post Office accounts

Stocks and shares Other property Any other capital.

|  |  |  |
| --- | --- | --- |
| **Bank Account Number** | **Who it’s with (E.g. Lloyds)** | **Current Balance (£)** |
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**Part 4 – Income and Expenditure**

**Child Support** £ Week [ ]  Calendar Month [ ]

**Court Fines** £ Week [ ]  Calendar Month [ ]

**Electricity** £ Week [ ]  Calendar Month [ ]

**Water Rates** £ Week [ ]  Calendar Month [ ]

**Mortgage** £ Week [ ]  Calendar Month [ ]

**Rent** £ Week [ ]  Calendar Month [ ]

**Mobile Phone** £ Week [ ]  Calendar Month [ ]

 Date Contract Ends:

**Broadband** £ Week [ ]  Calendar Month [ ]

 Date Contract Ends:

**Phone** (Landline) £ Week [ ]  Calendar Month [ ]

 Date Contract Ends:

**Cable/Satellite TV** £ Week [ ]  Calendar Month [ ]

**TV License** £ Week [ ]  Calendar Month [ ]

**Other Insurance** £ Week [ ]  Calendar Month [ ]

 Please Specify:

**Household Insurance** £ Week [ ]  Calendar Month [ ]

**Gas** £ Week [ ]  Calendar Month [ ]

**Council Tax**  £ Week [ ]  Calendar Month [ ]

**Expenditure** **Amount**   **Expenditure Frequency**

**Part 4 – Income and Expenditure (Continued)**

**If you have other expenses, please specify them in the space below.**

 £ Week [ ]  Calendar Month [ ]

 £ Week [ ]  Calendar Month [ ]

 £ Week [ ]  Calendar Month [ ]

 £ Week [ ]  Calendar Month [ ]

**Pet Costs** £ Week [ ]  Calendar Month [ ]

**Child Care Costs** £ Week [ ]  Calendar Month [ ]

**School Costs** £ Week [ ]  Calendar Month [ ]

**Garage Rent**  £ Week [ ]  Calendar Month [ ]

**Travel costs**  £ Week [ ]  Calendar Month [ ]  **(Other)**

**Travel costs**  £ Week [ ]  Calendar Month [ ]  **(Car)**

**Travel costs**  £ Week [ ]  Calendar Month [ ]  **(Public Transport)**

**Prescription costs** £ Week [ ]  Calendar Month [ ]

**Medical Costs (Care)** £ Week [ ]  Calendar Month [ ]

Specify:

**Maintenance Payments** £ Week [ ]  Calendar Month [ ]

**Clothing/Shoes** £ Week [ ]  Calendar Month [ ]

**Toiletries** £ Week [ ]  Calendar Month [ ]

**Food** £ Week [ ]  Calendar Month [ ]

**Expenditure** **Amount**   **Expenditure Frequency**

**Part 4 – Income and Expenditure (Continued)**

**Outstanding Debts and Loans**

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| --- | --- | --- | --- | --- |
| Debt/Loan | Reason for Debt and Date Incurred | Total Amount Owed (£) | Repayments Due (£) | Expected end date |
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Part 5 – How has Covid-19 affected you?

**Please use the space provided on this page to explain how Covid-19 has negatively impacted your life.
This may include changes such as:
Reduced Income, increased reliance on foodbanks, increases in debts/arrears, lack of support from support agencies/networks, domestic violence/abuse, needing to remain in properties requiring essential/important works, impacts on health, etc.
The more information you can provide, the more informed our decision will be when deciding if you are eligible for this additional funding.**

**Please use the space provided on this page to provide any additional details or information you wish to make us aware of.**

Part 6 - Additional Information

Contact Us

**Correspondence**

If you have any queries, or wish to inquire further regarding Housing Benefit or Council Tax support,

please contact us using the information below for your corresponding Local Authority.

|  |
| --- |
| **West Oxfordshire District Council**ElmfieldNew Yatt RoadWitneyOX28 1PBMain Switchboard: 01993 861000Benefits: 01993 861030benefits@westoxon.gov.uk |

**Council Tax Collection**

**Pay Online** –

You will need your account number to use this service, it can be found in the top right hand corner of your bill:

<https://www.civicaepay.co.uk/WestOxfordshire/Webpay_Public/Webpay/Default.aspx?Fund=CT>

**Pay by Direct Debit -**

Print and return the Direct Debit instruction located below, alternatively contact the council tax team by phone.
<https://www.westoxon.gov.uk/media/nqnory3z/direct-debit-instruction.pdf>

**Pay by Telephone** – 01993 861045

The above line is automated outside of office hours, you can also call the main switch board on **01993 861000**

**Council Tax Support**

If you are struggling to meet your Council Tax Payments, please contact our benefits team.