

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 Support  Allowance (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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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**  Elmfield  New Yatt Road  Witney OX28 1PB  Main Switchboard: 01993 861000  Benefits: 01993 861030  [benefits@westoxon.gov.uk](mailto:benefits@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.