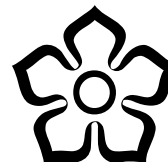


Please ask for: Revenues & Customer Support (Business Rates)

Direct Line: 0116 454 1005

Business Rates Ref:

Issue date:



Leicester
City Council

Revenues & Customer Support

York House

91 Granby Street

Leicester, LE1 6FB

Tel: 0116 454 1005

Fax: 0116 454 0707

business.rates@leicester.gov.uk



SOLE TRADERS & PARTNERSHIPS

**Application for National Non-Domestic (Business) Rate Relief
Under the provisions of Section 49 (Hardship), Local Government Finance Act 1988**

Please complete **all** the sections in this form and return it within 21 days, together with copies of the documents requested in support of your claim to Revenues & Customer Support at the address shown above.

If you have any queries please telephone us on 0116 454 1005, or e-mail us at business.rates@leicester.gov.uk, or visit us at Customer Service Centre, York House, 91 Granby Street, Leicester, LE1 6FB.

1. Name of Ratepayer	
2. Address of Property	
3. Please give the reasons for the closure of the business (if appropriate) Use the continuation sheet on page 8 of this form if necessary	
4. A) Are you the freeholder or leaseholder of the property?	
4. B) What attempts have been made to either let or sell the property?	

5. Please give your date of birth	
6. Please give your partner's date of birth (If applicable)	
7. Please confirm the number of children you have (If applicable)	
8. Please give the children's ages (If applicable)	
9. Please give details of any disabilities or illnesses that you, your partner or children have	
<p>Please give the reason(s) for your application. As the cost of any hardship relief is borne by Leicester's Council Tax payers, please give details of what hardship is being experienced and why it is in the interests of these payers to grant relief.</p>	

INCOME - £

EMPLOYMENT DETAILS	YOU	YOUR PARTNER
Name & address of employer		
Monthly pay after deductions		
If self-employed, please give your average earnings over the last 8 weeks		

ALLOWANCES/BENEFITS/PENSIONS – Please confirm monthly amounts

Family Credit		
Child Benefit		
Incapacity Benefit		
Income Support		
Job Seekers Allowance		
State Retirement Pension		
Any other Allowance/Benefit/Pension (Please give details)		

OTHER INCOME

(Please give details)

IMPORTANT – You MUST provide proof of ALL income (Copies of documents are acceptable)

MONTHLY INCOME & EXPENDITURE STATEMENT

INCOME £	YOU	YOUR PARTNER	EXPENDITURE £	YOU	YOUR PARTNER
TOTAL			TOTAL		

**IMPORTANT – You MUST provide proof of ALL your outgoings, e.g. gas, electricity, water, telephone bills and travelling expenses.
However no evidence is required for food shopping, clothing and toiletries.**

CAPITAL/SAVINGS/INVESTMENTS		
	YOU	YOUR PARTNER
BANK CURRENT/DEPOSIT ACCOUNTS		
Name of Bank:		
Name of Bank:		
Name of Bank:		
POST OFFICE SAVINGS		
BUILDING SOCIETY ACCOUNTS		
Name of Building Society:		
Name of Building Society:		
Name of Building Society:		
PREMIUM BONDS (Give total value)		
CASH		
INCOME BONDS		
PEPS/ISA'S		
TESSA's		
UNIT TRUSTS		
NATIONAL SAVINGS CERTIFICATES (Please state which, e.g. 25th Issue)		
ANYTHING ELSE NOT LISTED ABOVE (Please give details)		
IMPORTANT – You MUST provide proof of ALL Capital/Savings (Copies of documents are acceptable)		

MORTGAGE/RENT STATEMENT (Present Address)

Name & Address of Bank/Building Society

£

Monthly Mortgage Repayment

Total Balance of Mortgage Remaining

Balance of any Mortgage Arrears

Amount of Monthly Contributions by DWP (if applicable)

Name and Address of Landlord

Monthly Rent Amount

Monthly Rent Rebate (If applicable)

OTHER OUTSTANDING DEBTS

Name and Address of Creditor

Amount
OutstandingDetails of any repayment arrangements or
action being taken against you**IMPORTANT – You MUST provide proof of ALL the details you have stated above
(Copies of documents are acceptable)**

DECLARATION:

I declare that the information on this form is correct to the best of my knowledge and belief.

Signed:.....

Mr/Mrs/Miss/Ms:.....

Daytime Telephone Number:.....

Your e-mail address:.....

Date:.....

A COPY OF YOUR LATEST / FINAL SET OF AUDITED ACCOUNTS MUST ACCOMPANY THIS FORM, AS YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT THEM.

Please note that completion of this part of the form is optional and if you prefer not to give this information, please leave this section blank, or only fill in the information you are happy to provide.

Ethnic Origin:

- Asian or Asian British
- White
- Black or Black British
- Chinese
- Other
- (please state).....

Gender:

- Male
- Female

Disability:

- Disabled
- Not Disabled

INFORMATION FOR APPLICANTS

1. Discretionary Rate Relief can be considered on occupied and unoccupied rate liabilities under the provisions of Section 49 (Hardship) of the Local Government Finance Act 1988.

In considering the application, Leicester City Council needs to be satisfied about TWO statutory requirements.

These are:

- **The ratepayer would sustain hardship if the City Council did not grant relief**

and

- **It is responsible to do so having regard to the interests of persons liable to pay Council Tax, as part of the cost of granting any relief is borne by them.**

2. Please complete this form and return it within the next 21 days.

3. When all the information has been gathered, a report supported with a recommendation by an officer of the Department, is presented to the Director of Finance under delegated authority from the Cabinet.
4. You will be informed of the Council's decision in writing.
5. It is important to provide **ALL** the information requested. Failure to do so may affect the outcome of your application.

Continuation Sheet