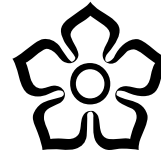


Please ask for: Revenues & Customer Support (Business Rates)
Direct Line: 0116 454 1005
Business Rates Ref:
Issue date:



Leicester
City Council
115 Charles Street
Leicester
LE1 1FZ
Tel: 0116 454 1005
business.rates@leicester.gov.uk

Manage your account online at
www.leicester.gov.uk/myrb



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 questions about this letter please e-mail us at business.rates@leicester.gov.uk. Services such as computers, telephones and document scanners are available at Granby Street Customer Service Centre. For further information please visit: www.leicester.gov.uk/contact-us/self-service-and-customer-services.

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	

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.

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 Outstanding	Details 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)		

Data Protection Privacy Statement

Any personal information that you provide will be processed in accordance with current Data Protection laws. It will be used by Leicester City Council and our partners to deliver and improve services and fulfil our legal duties. We will not disclose any personal information to anyone else unless required or allowed to do so by law. Read more about how we use personal data in our Fair Processing / Privacy Notice on our website: leicester.gov.uk/privacy.

DECLARATION:

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

Signed:.....

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

Date:.....

Daytime Telephone Number:.....

Your e-mail address:.....

(You do not have to tell us your telephone number or email address, but doing so will help us to contact you quickly in case we need any more information)

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 | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| White | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Black or Black British | <input type="checkbox"/> | (please state)..... | |

Gender:

- | | | | |
|------|--------------------------|--------|--------------------------|
| Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
|------|--------------------------|--------|--------------------------|

Disability:

- | | | | |
|----------|--------------------------|--------------|--------------------------|
| Disabled | <input type="checkbox"/> | Not Disabled | <input type="checkbox"/> |
|----------|--------------------------|--------------|--------------------------|

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