



Council Tax Financial Enquiry Form

Tel: 01562 732928 Email:ctax@wyreforestdc.gov.uk Post: PO Box 5202 Kidderminster DY10 2TE

You must complete this form IN FULL and return it to us immediately. If we do not receive an acceptable offer of repayment, recovery action will proceed without further notice

Council Tax Ref:			
Address of the property:			
Address for correspondence (if different from above):			
First Named Council Tax Payer:		Joint Council Tax Payer:	
Full Name		Full Name	
Date of birth		Date of birth	
Phone Number		Phone Number	
NI number		NI number	
Employer details Name & Address:		Employer details Name & Address:	
No. adults over 18		No. adults over 18	
No. & ages of children		No. & ages of children	

Email Address:	
Would you like to receive your council tax bill by email? Please circle	Yes / No

INCOME	WEEKLY £	MONTHLY £
Wages (including self employed) First Named Council Tax Payer	£	£
Wages (including self employed) Joint Council Tax Payer	£	£
Housing Benefit	£	£
Benefits received such as Job Seekers Allowance/Income Support/Universal Credit/Employment & Support Allowance/DLA/PIP/Carers Allowance/Bereavement Allowance/Statutory Sick Pay/Statutory Maternity Pay. Please circle all that apply	£	£
Child Tax Credit	£	£
Working Tax Credit	£	£
Child Benefit	£	£
State Retirement Pension/Work or Private Pensions	£	£
Maintenance	£	£
Income from Lodgers/boarders	£	£
Other Income such as Student Loans/Grants etc	£	£
Money in savings/premium bonds/investments	£	£

TOTAL INCOME	£	£
OUTGOINGS	WEEKLY	MONTHLY
Mortgage Payments (<i>including endowment, PPI etc</i>)	£	£
Mortgage Arrears	£	£
Rent (<i>including ground rent and/or service charges</i>)	£	£
Council Tax Special Arrangements (<i>Previous account references</i>)	£	£
Court Fines/County Court Judgments	£	£
Maintenance Payments	£	£
All insurance Premiums (<i>life, contents, building etc</i>)	£	£
Pension Contributions/Life Assurance	£	£
Gas	£	£
Electricity	£	£
Other Fuel (<i>coal, oil, bottled gas</i>)	£	£
Water Rates	£	£
Food/Laundry/Toiletries (<i>including clothing and footwear</i>)	£	£
Prescriptions/Essential Medication/Glasses/Contact Lenses	£	£
Child Care Costs (<i>including school meals</i>)	£	£
Loans (<i>including car loan/hire purchase/secured loans</i>)	£	£
Debt Management Plans (<i>please give details on separate sheet</i>)	£	£
Credit Cards/Catalogues	£	£
Vehicle Running Costs (<i>including fuel, insurance, MOT, tax</i>)	£	£
Public Transport/Travelling Expenses	£	£
Phone/Mobile Phone	£	£
TV Licence/Satellite/Internet/Other Rental	£	£
Pet costs	£	£
Leisure Activities	£	£
Alcohol/cigarettes/other	£	£
TOTAL OUTGOINGS	£	£

If no acceptable offer of payment is received, recovery action will continue without further notice. This may result in deductions being made from your earnings, benefits or Enforcement Agents being instructed to collect the amount outstanding PLUS SET FEES. You will be contacted further about any offer you make.

I/we wish to pay the Council Tax arrears at a rate of £ per week/fortnight/month

The first payment will be made on

Please start paying the amount offered. DO NOT wait until the Council has responded to your offer

I/We confirm that the above information is true and accurate to the best of my/our knowledge and belief

SIGNATURE:

DATE:

SIGNATURE:

DATE:

Other Information Please use this space to provide any further information that you consider relevant and continuing on a separate sheet if necessary:

You must return the completed form to the Council using the address overleaf within 14 days