Financial Impact Form

Use this form for applications relating to terminal illness under Section 13A.
An SR1 provides evidence of the medical circumstances. This form helps us understand how a terminal illness diagnosis has affected your household finances and your ability to pay Council Tax.

How we use your information

Wirral Council will use the information in this form to assess and administer the application. We will not use your information for anything other than what you would reasonably expect.

We might need to share your information with other organisations in order to deliver certain services. Information may also be used to prevent and detect fraud and error, recover public funds and identify other support.

Our Privacy Notice explains how and why we use and share your information, how we keep it secure and your rights. More information is available at **www.wirral.gov.uk**.

Council Taxpayer details

Council Taxpayer's full name:

Address:

Postcode:

Council Tax account number:

Email address:

Telephone number:

Partner's name, if applicable:

Does the SR1 relate to the Council Taxpayer? ☐ Yes ☐ No

If no:

Name of the person the SR1 relates to:

Relationship to the Council Taxpayer:

Do they normally live in the Council Taxpayer's household? ☐ Yes ☐ No

If no, please explain their connection to the Council Taxpayer's household and how their diagnosis has affected the household's finances. We will use this information to determine whether the application can be considered under the Council's policy.

Impact on Finances

1. Has the diagnosis reduced your household income? ☐ Yes ☐ No

If yes, please tell us how:

☐ I stopped working

☐ I reduced my working hours

☐ My partner stopped working

☐ My partner reduced their working hours

☐ I or my partner stopped working or reduced our hours to provide care

☐ Sick pay, benefits or other household income reduced

☐ Other

Please give brief details, including whose income changed and approximately how much it reduced by, if known:

2. Have you had extra expenses due to the diagnosis? ☐ Yes ☐ No

Please tick any that apply:

☐ Higher heating or electricity costs

☐ Travel or parking costs for treatment or appointments

☐ Care or support costs

☐ Specialist equipment or adaptations

☐ Other

Please give brief details, including the approximate cost and whether it is a one-off or ongoing expense, if known.

3. Please explain how the diagnosis has affected your household finances and your ability to pay Council Tax.

Savings, insurance and other financial support

4. Have you or your partner claimed under a critical illness or life insurance policy following the diagnosis?

☐ Yes, a payment has been received

☐ Yes, a decision is pending

☐ No, we have not made a claim

☐ Not applicable or no relevant policy

If yes, please give brief details, including any payment received, expected or still awaiting a decision.

5. Do you or your partner have savings? ☐ Yes ☐ No

If yes, approximately how much do you have in total? Please include savings held by you or your partner.

6. Are you receiving any other financial support because of the diagnosis?

☐ Yes ☐ No

If yes, please give brief details:

Council Tax Reduction

Are you currently receiving Council Tax Reduction?

☐ Yes

☐ No

☐ I have applied and am awaiting a decision

☐ I am not sure

If you are not receiving Council Tax Reduction, you should normally apply before we decide your application for terminally ill related discretionary relief. You can apply at www.wirral.gov.uk/ctr. If you need assistance completing the application form, telephone 0151 606 2005.

If someone has helped you complete this form or is acting on your behalf

Complete this section if someone has helped the Council Taxpayer complete the form or is acting on their behalf.

Full name:

Organisation, if applicable:

Address:

Telephone number:

Email address:

Relationship or role

☐ Relative. Please specify:

☐ Friend or carer

☐ Advice or support organisation

☐ Local Authority representative

☐ Acting under a Power of Attorney

☐ Appointee

☐ Other. Please specify:

Does the Council Taxpayer authorise this person to discuss this application with Wirral Council and receive relevant information about its progress? ☐ Yes ☐ No

If this person has formal authority to act for the Council Taxpayer, such as a Power of Attorney or appointeeship, please provide supporting evidence if it is not already held by the Council.

Declaration and consent

Please read this declaration carefully before signing.

- I declare that the information given on this form is correct and complete to the best of my knowledge.
- Where I have authorised a third party above, I confirm that they may discuss this application with the Council and receive information about its progress.
- If I am completing this form on behalf of the Council Taxpayer, I confirm that the information provided is correct and complete to the best of my knowledge and that I have their authority, or other formal authority, to act.
- I understand that Wirral Council will use this information to consider my application for terminally ill related discretionary relief under Section 13A.
- I understand that the Council may check the information provided with other sources where the law allows and may contact me for further information or evidence.
- I understand that any award is discretionary, may be time-limited and does not guarantee a future award.
- I understand that I must tell Wirral Council promptly about any change in circumstances. Failure to do so may result in an award being changed or recovered and may lead to further action.
- I authorise the Council to use information it already holds about my Council Tax account, Council Tax Reduction and relevant household circumstances when considering this application.

By signing below, the applicant confirms that they have read and understood the declaration. If a third party completed the form, both the applicant and third party should sign unless an authorised legal arrangement applies.

Council Taxpayer full name	**Council Taxpayer signature**

Date: / /

Third party full name	**Third party signature**

Date: / /

If the applicant cannot sign because an authorised representative is acting for them, the representative should sign and provide evidence of their authority if it is not already held by the Council.

Supporting information

Please provide, where applicable:

- ☐ SR1, if it has not already been provided to the Council
- ☐ Evidence of formal authority to act, such as Power of Attorney or appointeeship, if it is not already held by the Council
- ☐ Any other evidence you would like us to consider

Please do not delay returning the form if some evidence is unavailable. We will contact you if we need further information before making a decision. If requested information is not provided, we may make a decision using the information available.

Please return the completed and signed application form, along with any supporting evidence, to: Wirral Council, PO Box 290, Brighton Street, Wallasey, CH27 9FQ