



**1. About the case**

Case Ref number

Name of Claimant(s)/Applicant(s)

Name of Acquiring Authority /Respondent(s)

**2. Your details**

Title  Mr  Mrs  Ms  Other \_\_\_\_\_

Surname/family name

First name

Address

Date of birth

**3. Full remission based on permitted benefits**

**Concession 1**

Do you receive any of these benefits?

Income Support  State Pension Guarantee Credit

Income-based Jobseeker's Allowance  Working Tax Credit with no element of child Tax Credit

If you have ticked any one of these boxes **Go to section 6**

None of these – **Go to section 4**

(please read page 4 of the booklet for more information on how to complete this section)

**4. Full remission based on gross annual income**

**Concession 2**

Do you have any children?  Yes  No If Yes, how many are financially dependant on you?

What is your status?  
Your gross annual income  
  
(Please read pages 4, 5 & 6 of the booklet for more information on how to complete this section)

	<input type="checkbox"/> Single person Applicant	<input type="checkbox"/> Part of a couple Applicant Partner	
Paid/Self employment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Money from anyone living with you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total pension: state, private, occupational	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Money from rents, shares, bonds or Other financial arrangement	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any other income	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total gross annual income</b>	<input type="text"/>		

**Declaration**

I have read pages 4, 5 & 6 of the guidance and confirm that my/our gross annual income

**Exceeds** the stated limits **Go to section 5**

**Does not** exceed the stated limits. **Go to section 6**



5. Part remission based on monthly income and expenditure			Concession 3		
<p>This means test is designed to establish your monthly disposable income upon which the Tribunal will determine how much of a contribution you will need to pay towards the fee.</p>	<b>Monthly income</b>		<b>Monthly expenses</b>		
	<b>Net monthly pay</b>	Applicant [ ]	Partner [ ]	<b>Monthly housing costs</b>	[ ]
	<b>Income from people living with you</b>		<b>Monthly fixed allowances</b>		
	Lodger or tenant	[ ]	[ ]	Partner	[ ]
	Non-dependant Children	[ ]	[ ]	Dependant children (each child)	[ ]
	relative	[ ]	[ ]	general living expenses	[ ]
	<b>Pension</b>		<b>Monthly child maintenance</b>		
State	[ ]	[ ]	Under a court order	[ ]	
Private	[ ]	[ ]	Voluntary agreement	[ ]	
Occupational	[ ]	[ ]	Child support agency	[ ]	
<b>Child benefit</b>	[ ]	[ ]	<b>Child care expenses</b>	[ ]	
<b>Other benefits</b>	[ ]	[ ]	<b>Payments under a Court order</b>	[ ]	
<b>Total monthly income</b>	[ ]	[ ]	<b>Total monthly expenses</b>	[ ]	

**6. Refund**

Are you applying for a refund of a Tribunal fee?  Yes  No

If yes, what is the date you paid this fee? [ ]/[ ]/[ ]

**7. Declaration**

You must tick each box.  I agree to provide documentary evidence to support my statements.

Doing so means that you  I understand this application will not proceed if I fail to provide the evidence.

Have read and understood The declaration  I understand that this application will be refused if I fail to disclose any relevant facts.

**8. Statement of truth**

I believe that the facts and information stated in this application are true.

Signature [ ] Date [ ]/[ ]/[ ]

Full name [ ]

**For the Tribunal use only**

Name [ ]	Evidence for concession 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Compliance control
Ref No. [ ]	Tribunal fee [ ]	Signature [ ]
Signature [ ]	Amount remitted [ ]	Date [ ]
Band [ ] Date [ ]	Contribution Amount to pay [ ]	