



1. About the case

Case number

Name of Claimant/Applicant/
Appellant

Name of Acquiring Authority/
Respondent

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 on element of child Tax Credit

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

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

None of these – **Go to section 4**

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"/>
Total gross annual income	<input type="text"/>	<input type="text"/>	<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>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%; text-align: center;">Applicant</th> <th style="width: 15%; text-align: center;">Partner</th> </tr> </thead> <tbody> <tr> <td>Monthly income</td> <td></td> <td></td> </tr> <tr> <td>Net monthly pay</td> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td colspan="3">Income from people living with you</td> </tr> <tr> <td>Lodger or tenant</td> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Non-dependant Children</td> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Other relative</td> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td colspan="3">Pension</td> </tr> <tr> <td>State</td> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Private</td> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Occupational</td> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Child benefit</td> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Other benefits</td> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Total monthly income</td> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> </tr> </tbody> </table>		Applicant	Partner	Monthly income			Net monthly pay	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Income from people living with you			Lodger or tenant	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Non-dependant Children	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Other relative	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Pension			State	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Private	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Occupational	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Child benefit	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Other benefits	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Total monthly income	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Monthly expenses</th> </tr> </thead> <tbody> <tr> <td>Monthly housing costs</td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td colspan="2">Monthly fixed allowances</td> </tr> <tr> <td>Partner</td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Dependant children (each child)</td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>general living expenses</td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td colspan="2">Monthly child maintenance</td> </tr> <tr> <td>Under a court order</td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Voluntary agreement</td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Child support agency</td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Child care expenses</td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Payments under a Court order</td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Total monthly expenses</td> <td><input style="width: 80%;" type="text"/></td> </tr> </tbody> </table>	Monthly expenses		Monthly housing costs	<input style="width: 80%;" type="text"/>	Monthly fixed allowances		Partner	<input style="width: 80%;" type="text"/>	Dependant children (each child)	<input style="width: 80%;" type="text"/>	general living expenses	<input style="width: 80%;" type="text"/>	Monthly child maintenance		Under a court order	<input style="width: 80%;" type="text"/>	Voluntary agreement	<input style="width: 80%;" type="text"/>	Child support agency	<input style="width: 80%;" type="text"/>	Child care expenses	<input style="width: 80%;" type="text"/>	Payments under a Court order	<input style="width: 80%;" type="text"/>	Total monthly expenses	<input style="width: 80%;" type="text"/>
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6. Refund	
<p>Are you applying for a refund of a Tribunal fee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, what is the date you paid this fee? <input style="width: 80%;" type="text"/></p>

7. Declaration		
You must tick each box.	<input type="checkbox"/>	I agree to provide documentary evidence to support my statements.
Doing so means that you	<input type="checkbox"/>	I understand this application will not proceed if I fail to provide the evidence.
Have read and understood	<input type="checkbox"/>	I understand that this application will be refused if I fail to disclose any relevant facts.
The declaration	<input type="checkbox"/>	

8. Statement of truth	
I believe that the facts and information stated in this application are true.	
Signature <input style="width: 80%;" type="text"/>	Date <input style="width: 80%;" type="text"/>
Full name <input style="width: 100%;" type="text"/>	

For the Tribunal use only			
Name <input style="width: 80%;" type="text"/>	Evidence for concession 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Compliance control	
Ref No. <input style="width: 80%;" type="text"/>	Tribunal fee <input style="width: 80%;" type="text"/>	Signature <input style="width: 80%;" type="text"/>	
Signature <input style="width: 80%;" type="text"/>	Amount remitted <input style="width: 80%;" type="text"/>		
Band <input style="width: 20%;" type="text"/>	Contribution <input style="width: 80%;" type="text"/>	Date <input style="width: 80%;" type="text"/>	
Date <input style="width: 80%;" type="text"/>	Amount to pay <input style="width: 80%;" type="text"/>		