

Application for Council Tax Discount

Name Account Number
 Address Date Issued

Reductions (discounts) in the amount of Council Tax liability can be applied for where the number of people aged 18 or over living in a property or household is less than two. When counting the numbers who live in the property or household, certain people can be ignored if they are included in the list in section 2.

Please fill in the details we need to deal with your request below, sign the form and send it back to us at the address shown at the bottom of this form.

Section 1: About you

I declare that I am the only adult resident living in the property from (date)

If relevant, please provide details of any other resident that may have moved out.

Name

Address

Date Moved out

Section 2: About your household

How many people aged 18 or over live in your property / household?

(A) Children aged 18

Full name of person you are claiming discount for	Date of Birth	Child Benefit Allowance number	Date when child benefit ends

(B) Student and student nurses (please provide a student certificate from your college, university or hospital)Full name of person you are claiming for Please give their date of birth

Name & Address of University, College or Hospital	Course being studied	Date course starts / started	Date course ends

(C) Apprentices and people on Youth Training SchemesFull name of person you are claiming for Please give their date of birth Apprentice Yes No Youth Training Schemes Yes No

Name and address of employer

(D) Hospital patients and patients in a HomeFull name of person you are claiming for

Name and Address of the hospital or home	What date did the person go to live in the hospital or home?

If his/her property is unoccupied, up for sale or if someone else lives there, please give details.

(E) Severely mentally impaired

Full name of person you are claiming for

What benefits do they get? **(Please provide documentary evidence)**

Date when entitlement to benefit(s) started

The person claiming this discount must be confirmed as being severely mentally impaired by a doctor. Please give the name and address of a doctor who will give this information. You **do not** need to contact the doctor yourself.

Doctor's Name	Doctor's Address

(F) Care Worker

Please note that you will not qualify as a careworker if the person being cared for is your spouse, partner or child under 18 years of age.

Full name of the careworker you are claiming for

What is the relationship to the person receiving care?

What benefit does the person get? **(Please provide documentary evidence)**

(G) People in prison (or other place of detention)

Full name of the person you are claiming discount for	Name and address of the place where they are being detained	Date taken into custody	Expected release date

DECLARATION

I declare that to the best of my knowledge the information I have given on this form is true and complete. I understand that I must tell you straight away if my circumstances change and I think that I may not be able to claim a discount any more. If I provide incorrect or incomplete information you may take action against me.

WARNING it is an offence to give false information.

Signed _____ Date _____

Please print name _____ Telephone number _____

When you have filled in this form please send it back to : Income & Recovery Section, Financial Services, PO Box 50, Municipal Building, Corporation Street, Blackpool, FY1 1NF