

Single Person Discount

If you are the only adult aged over eighteen living in the property, you are entitled to a twenty five per cent discount on your Council Tax. If you wish to claim the discount, please sign the following statement.

I declare that I am the only adult aged over eighteen living in this property. I understand that if my circumstances change, ie another person moves in or someone already resident becomes eighteen, I must notify the Council Tax Section within 21 days of the change occurring.

Signature _____ Date _____

Name in capitals _____

Other Council Tax Discounts

The full Council Tax bill assumes there are two adults living in a dwelling. However, some adults are disregarded for Council Tax purposes. If all or all but one are disregarded you may be entitled to a discount. Please complete the following:

How many adults aged over eighteen live here? _____

Do any of the adults fall into the following categories? If they do please state the number for whichever category is applicable.

- | | | | |
|------------------------------|--------------------------|-----------------------------|--------------------------|
| Student | <input type="checkbox"/> | Patient in hospital or home | <input type="checkbox"/> |
| Student Nurse | <input type="checkbox"/> | School Leaver | <input type="checkbox"/> |
| Youth Training | <input type="checkbox"/> | Prisoner | <input type="checkbox"/> |
| Apprentice | <input type="checkbox"/> | Carer | <input type="checkbox"/> |
| Severely Mentally Impaired | <input type="checkbox"/> | Care Worker | <input type="checkbox"/> |
| Child benefit being received | <input type="checkbox"/> | Other (please state) | <input type="checkbox"/> |

If you qualify for a discount, the appropriate form will be sent to you.

Reduction for Disability

If a qualifying individual defined as 'A person who is substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise) resides in the property and one of the following three is provided, a reduction for disability may be applied for.

- 1 A room which is not a bathroom, kitchen or a lavatory and which is predominantly used and is required to meet the needs of the qualifying individual resident in the dwelling.
- 2 A bathroom or kitchen which is not the only bathroom or kitchen in the dwelling which is required for meeting the needs of any qualifying individual resident in the dwelling.
- 3 Sufficient floor space to permit the use of a wheelchair required for meeting the needs of the qualifying individual resident in the dwelling.

Please tick the box if you wish to be sent an application form for a reduction due to disability.

Other Changes

I wish to tell you about other changes that may affect my Council Tax, ie change of name etc.

Council Tax Benefit

If you are on a low wage or income you may qualify for Council Tax Benefit.

Please tick the box if you wish to receive an application form.

'This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of error, fraud and crime. It may also share and match this information with other bodies responsible for auditing or administering public funds for these purposes.'

Declaration

I understand that I may be liable to penalties if I provide false information.

I also understand that if my circumstances change that alter the Council Tax liability, I am legally obliged to notify the Council within twenty one days of the change happening.

I also understand that the Council, in order to protect the public funds they handle, may use the information provided on this form to prevent and detect fraud. The Council may also share this information for the same purpose with other organisations that handle public funds.

Signature _____ Date _____

Name in capitals _____ Daytime telephone number _____