

COUNCIL TAX DISCOUNT CLAIM FORM

Inverclyde Council

Reference:

Issued By: Date --

Data Protection – We are asking for the following information in accordance with the provisions of the Council Tax (Administration and Enforcement) (Scotland) Regulations 1992 and the Data Protection Act 1998. We will use this information to help us determine your liability for, and to collect your Council Tax. Information given on this form may be held electronically and may be shared for Council Tax purposes. We may also share this information with other Council Services, Local Authorities, Government Departments and other bodies responsible for auditing or administrating public funds. We will not give information to anyone else, or use information about you for other purposes, unless the law allows us to.

Please read the Notes on Page Three and Four of this form and then complete each section in block capitals.

Details of the person making the claim

- Title..... Forename(s).....
- Surname.....
- Address of property.....
-Postcode.....
- Daytime Telephone Number.....
- E-mail Address.....
- Council Tax Reference Number *(if known)*.....
- Date you wish the Discount to Start.....

Details about the Property

- Total number of occupiers over age 18 (including yourself) usually resident in the house.....
- Category number of Discounts you wish to Apply for (see Page 3).....
- Date you want the discount to start from.....
- Date you want the discount to end.....

Details about the Person(s) to be disregarded for Discount Purposes

- Title..... Name(s).....
- Name, address and telephone number of College/University/Residential Care Home or Employer etc
:.....
.....
- Title..... Name(s).....
- Name, address and telephone number of College/University/Residential Care Home or Employer etc
:.....
.....

This Section To Be Completed By Employer/ Educational Establishment/ Prison/ Hospital

I confirm that the above named person is (please delete as appropriate) in training/education/care/detention from/...../..... to/...../..... In the case of person(s) detained in prison I confirm that they are detained for an offence other than non-payment of a fine.

Signed: _____
Position: _____
Date: _____

OFFICIAL STAMP

Declaration – All Applicants must Complete this Section

The information I have given is true and accurate and I undertake to inform you immediately if my circumstances change. I understand that if I give false information I may be liable for a fine of up to £200.

Signed* Date.....
Please confirm your interest in this claim (e.g. Owner, Agent, Tenant).....

Please note, only the person liable to pay the council tax or their authorised agent should sign this form.
(If acting as the agent of the tax payer, please provide evidence of your authority to act on their behalf)

All communications to be addressed to Revenues Services, Inverclyde Council, P O Box 9467, Greenock. PA15 1JD
Telephone Numbers: 01475-712961 Fax Number: 01475-712168
E-Mail: council.tax@inverclyde.gov.uk Website: www.inverclyde.gov.uk

Categories of Persons Disregarded for Discount Purposes

- 1. Persons in Detention in a prison or hospital or any other place under a court order.**
- 2. Persons 18 years or over for whom Child Benefit is payable**
- 3. Non British Spouse of a Student**
- 4. Apprentices earning less than £195 per week gross**
- 5. Youth Training Trainees under 25 years of age**
- 6. Members of a Religious Community who have no income or capital of their own**
- 7. Members or dependants of an International Headquarters or Defence Organisation**
- 8. Members or dependants of Visiting Armed Forces who are not British Citizens or ordinarily resident in the UK**

Notes for Completion of the Discount Claim Form

These notes are provided to assist you in the completion of the Discount Claim Form and also to indicate the information you must provide before your application can be processed.

1. Persons in Detention

- a. The name of the person
- b. Place of detention
- c. The date on which the person was detained
- d. The expected release date
- e. A certificate from the place of detention confirming detention

2. Persons 18 years or over for whom Child Benefit is payable

- a. The name of the child
- b. Evidence of Child Benefit
- c. Date on which Child Benefit will cease

3. Non British Spouse of Student

- a. The name and address of the student
- b. The name of the Spouse
- c. Proof of the Spouse's status must be enclosed, e.g. copy of passport, visa etc.

4. Apprentices earning less than £195 per week gross

- a. The name of the apprentice
- b. The name, address and telephone number of the employer
- c. Evidence of gross weekly income
- d. Details of apprenticeship being undertaken and qualification to be achieved on completion
- e. Date at which apprenticeship commenced
- f. Date at which apprenticeship will cease

5. Youth Training Trainees under 25 years of age

- a. The name of the trainee
- b. Particulars of course of training under the Employment and Training Acts
- c. Date of Birth of the Trainee
- d. Name and address of company supplying training
- e. Date at which training commenced
- f. Date at which training will cease

CT07

- 6. Members of a Religious Community who have no income or capital of their own**
 - a. The name of the person
 - b. Name and Address of Religious Community
 - c. Details of any income and Capital of the person

- 7. Members or dependants of an International Headquarters or Defence Organisation**
 - a. The name of the person
 - b. Confirmation from the International Headquarters or Defence Organisation

- 8. Members or dependants of Visiting Armed Forces who are not British Citizens or ordinarily resident in the UK**
 - a. The name of the person
 - b. Confirmation from the Armed Forces