

Council Tax Status Discount Application Form

ISSUED BY:		DATE:		REF:	
				_	
Data Protection -	- We are asking for the fo	llowing informatio	n in accordance with the	e provisions	of the Local Government Finance Act
1992 and Counci	il Tax (Administration and	Enforcement) (So	cotland) Regulations 19	92. We wil	I use this information to help us
determine your li	ability for, and to collect y	our Council Tax.	Information given on th	his form may	y be held electronically and may be
1992 and Counci	il Tax (Administration and	Enforcement) (So	cotland) Regulations 19	92. We wil	ll use this information to help us

shared for Council Tax purposes. 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 fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, contact council tax on 01475 712961 or see www.inverclyde.gov.uk/council-and-government/national-fraud-initiative____

We will not give information to anyone else, or use information about you for other purposes, unless the law allows us to. For further information see www.lnverclyde.gov.uk

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

Details of the person making the application							
	<u>Title</u>	Forename	Surname	<u>Date of Birth</u> (optional)			
1) Your details							
2) Spouse or other joint owner							
3) Other occupiers (over age 18)							
4) Number of occupiers, including yours	elf, over age 18						
5) Contact telephone number		-					
6) E-mail address		-					
7) Council tax reference number							

Details about the discount

, i	Category of discount you wish to apply for (please tick) (see page 3 for more information)	a)	Persons in Detention in a prison or hospital or any other place under a court order.	
		b)	Persons 18 years or over for whom Child Benefit is payable	
		c)	Non British Spouse of a Student	
		d)	Apprentices earning less than £195 per week gross	
		e)	Youth Training Trainees under 25 years of age	
		f)	Members of a Religious Community who have no income or capital of their own	
		g)	Members or dependants of an International Headquarters or Defence Organisation	
		h)	Members or dependants of Visiting Armed Forces who are not British Citizens or ordinarily resident in the UK	
9)	Date you want the discount to start			
10	Date you want the discount to end			

<u>Title</u>	Forename	Surname	Date of Birth (optional)
	This section to be completed by emp	oloyer/ educational establishment/	prison/ hospital
I confirm that th	e above named person is (please delete as	appropriate) in training/education/hospita	ıl/prison
From		То	
In the cas	e of a person detained in prison I confirm th	hat they are detained for an offence other	than non-payment of a fine.
	In the case of an apprentice I cor	firm that they earn less than £195 per we	ek gross
Signed Position Date Official Stamp			
	Declaration – All appli	cants must complete this section	
The information	I have given is true and accurate and I und I understand that if I give false inf	dertake to inform you immediately if my cir formation I may be liable for a fine of up to	-
Signed		Date	
	Please note, only the person liable to pay the <i>(If acting as the agent of the tax payer, ple</i>		

Details about the person to be disregarded for discount purposes

Notes for completion of the discount application form

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

	Discount category		Information required
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	(a)	The name of the child
	payable	(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	(a)	The name of the apprentice
	gross	(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
		(0)	Date at which apprenticeship
		(e)	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
		<i>.</i> .	supplying training
		(e)	Date at which training commenced
		(f)	Date at which training will cease
6	Members of a Religious Community who have no	(a)	The name of the person
	income or capital of their own	(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	(a)	The name of the person
-	who are not British Citizens or ordinarily resident in the UK	(b)	Confirmation from the Armed Forces