

**Council Tax  
Discount Claim Form**



This form is used to apply for discount on your Council Tax liability should you meet any of the qualifying conditions as detailed overleaf. Please read the notes then complete each section. Should you require further assistance please contact Revenues and Benefits on 01475 712961.

[www.inverclyde.gov.uk/council-and-government/council-tax](http://www.inverclyde.gov.uk/council-and-government/council-tax)

Council Tax account .....

**Details of person making the claim**

Name ..... Home Telephone Number .....  
Address ..... Mobile Number .....  
..... Email Address .....  
Post Code .....

**Further details required**

Total number of occupiers over age 18 (including yourself) usually resident in the house .....  
Category number of discount applied for as detailed overleaf (Please indicate number) .....  
Date you wish the discount to start ..... Date you wish the discount to end .....

**Details of person's to be disregarded for Discount Purposes**

Name	Details of College / University / Residential Care Home or Employer (name address and telephone number)
.....	.....
.....	.....
.....	.....
.....	.....

**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**

### 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)

**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 administering public funds. We will not give information to anyone else, or use information about you for other purposes, unless the law allows us to.

**Completed forms should be returned to: Revenues and Benefits, Inverclyde Council, PO Box 9467, Greenock, PA15 1JD**

**or email to: [council.tax@inverclyde.gov.uk](mailto:council.tax@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

### **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