

Council Tax Office,
Mandela House,
4 Regent Street,
Cambridge CB2 1BY
Telephone: Cambridge 457790



COUNCIL TAX APPLICATION TO BE DISREGARDED FOR THE PURPOSE OF DISCOUNT

Property Ref:
Account No:
Issue Date:

A discount on the amount of Council Tax payable may be awarded if there are less than two adults living in the property. However, certain people are not counted when looking at the number of adults resident. These are listed in the accompanying Notes and are known as people who are "disregarded for the purposes of discount".

If there are **TWO OR MORE** adults living in the property who are not eligible to be disregarded for the purposes of discount, **NO DISCOUNT** will apply.

Please read the Notes before completing the form. Please write in **BLOCK CAPITALS** and return the form within **21 days**. If you need more space please use a separate piece of paper and fix it securely to this form and tick this box.

If you are a member of a Visiting Force, it may be that the property you live in is exempt from Council Tax. Please contact the Council Tax Office for an application form.

Permanent Hospital Patients in Homes and residents of certain Dwellings (hostels or nights shelters for people of no fixed abode) are also disregarded. The Council Tax Office will liaise direct with the hospital, home or hostel in these instances. Please contact the Council Tax Office for further information.

SECTION 1

A. Total Number of Adults Normally Resident in the Property (including anyone who may be disregarded- see Note 1)

Box 1

Number of Persons who may be disregarded

Box 2

Please now deduct the number of "disregarded" adults (box 2) from the total (box 1). If this figure is two or more, you do not qualify for this discount. If it is one or zero, please proceed to the appropriate section.

B. Please give the names and dates of birth of members of your household who are presently 16 or 17 years old.

| | | | | | |
|---------|----------------------|-----------|----------------------|---------------|----------------------|
| Surname | <input type="text"/> | Forenames | <input type="text"/> | Date of Birth | <input type="text"/> |
| Surname | <input type="text"/> | Forenames | <input type="text"/> | Date of Birth | <input type="text"/> |

SECTION 2- Members of Religious Communities

Surname
Forenames
Name & Address of Religious Community:
.....
Main Work of Community
.....
Amount of Income/ Capital £.....
(If none please write "nil")

Surname
Forenames
Name & Address of Religious Community:
.....
Main Work of Community.....
.....
Amount of Income/ Capital £.....
(If none please write "nil")

SECTION 3- Students Please provide a copy of a student certificate, which, can be obtained from the college office.

Surname.....
 Forenames.....
 Date of Birth.....
 Course Start Date.....
 Course End Date.....
 Course Title.....
 Name & Address of Education Establishment

 No. Hours Study per week.....
 No. Weeks Study per ..

Surname.....
 Forenames.....
 Date of Birth.....
 Course Start Date.....
 Course End Date.....
 Course Title.....
 Name & Address of Education Establishment

 No. Hours Study per week.....
 No. weeks Study per Year.....

SECTION 4- Student Nurse Please provide copy of Certification of Course of Studies.

Surname.....
 Forenames.....
 Date of Birth.....
 Course Start Date.....
 Course End Date.....
 Course Title.....
 Please tick box if on Project 2000

Surname.....
 Forenames.....
 Date of Birth.....
 Course Start Date.....
 Course End Date.....
 Course Title.....
 Please tick box if on Project 2000

SECTION 5- Apprentices Please provide copy of Certification of Course of Studies and proof of income.

Surname.....
 Forenames.....
 Date of Birth.....
 Course Start Date.....
 Course End Date.....
 Qualification to be obtained.....
 Gross Weekly Income £.....

Surname.....
 Forenames.....
 Date of Birth.....
 Course Start Date.....
 Course End Date.....
 Qualification to be obtained.....
 Gross Weekly Income £.....

SECTION 6- Youth Training Trainees Please provide confirmation of status of Training Scheme.

Surname.....
 Forenames.....
 Date of Birth.....
 Course Start Date.....
 Course End Date.....
 Name and Address of Employer

Surname.....
 Forenames.....
 Date of Birth.....
 Course Start Date.....
 Course End Date.....
 Name and Address of Employer

SECTION 7- School Leavers Please provide a copy of Certificate of Studies, which can be obtained from the School/ College Office.

Surname.....
 Forenames.....
 Date of Birth.....
 Name & Address of School or College

 Date Studies End.....

Surname.....
 Forenames.....
 Date of Birth.....
 Name & Address of School or College

 Date Studies End.....

SECTION 8- Severely Mentally Impaired Persons

Surname Forenames Date of Birth

Please tick the box alongside the Benefit/Allowance to which he/she is entitled:

- Incapacity Benefit
- Increase in rate of Disablement Pension Living Allowance
- Attendance Allowance
- Appropriate Disability Working Allowance
- Severe Disablement Allowance
- Constant Attendance Allowance
- Higher/ Middle Care Component of Disability Allowance

Date from which entitlement started

Please provide a letter of the entitlement (issued by the Department of Works and Pensions) to the appropriate pension or allowance

Name (in full) & Address of Doctor

.....

Declaration:

I authorise ~~Cambridge City Council to contact the above~~ medical practitioner in order to check the details of this application.

Signed Date

Name (in full).....

Correspondence address (if different)

.....

SECTION 9- Persons in Detention

Surname.....

Forenames.....

Name and Address of Place of Detention:

.....

.....

.....

Date taken into custody

Expected date of release

Prison Service Number

Surname.....

Forenames.....

Name and Address of Place of Detention:

.....

.....

.....

Date taken into custody

Expected date of release

Prison Service Number

SECTION 10- Members on International Headquarters & Defence Organisations

Please indicate under which of a) or b) the claim for discount is being made.

- a) Member of a headquarters or defence organisation listed in the International Headquarters and Defence Organisation Act 1964 (b)
- b) Dependent aged 18 or over of the above member who is NOT a citizen of the United Kingdom Colonies or NOT normally a resident of the United Kingdom.

Surname Forename Date of Birth

Military Identity Card Number Organisation

Names and addresses of claimants may be sent to the Department of the Environment, which will seek advice from the Ministry of Defence for confirmation of status.

SECTION 11- Carers

11.1 Persons Employed to Provide Care

The requirements are that the person is:

- a) Either- providing care or support on behalf of a relevant body, or employed by the person requiring care, having been introduced by a relevant body
- b) Engaged or employed for at least 24 hours a week
- c) Resident in the premises provided by the relevant body or employer
- d) In receipt of **no** more that £44 per week

Surname Forename

Name and address of employer

 Date employment started Gross earnings per week £

(Please provide certification issued by the organisation or employer confirming the above)

11.2 Persons Providing Care to Another

The requirements are that the person is:

- a) Resident in the same dwelling as the person who is receiving care
- b) Providing care for least 35 hours per week on average
- c) Not the spouse of the person receiving care, or the parent if the person is receiving care is under 18 years of age.

The person must also be in receipt of one of the following benefits-

- a) Higher rate Attendance Allowance
- b) Higher rate of the care component of Disability Living Allowance
- c) Increase in rate of disablement pension

Surname Forename

Name of person receiving care

Relationship to person receiving care Date caring commenced

(Please provide a copy of the letter of entitlement to the appropriate allowance or pension)

CHECKLIST- have you answered all of the questions that may affect people living in your household? Including all proof of circumstance where requested.

SECTION 12- Declaration

The information given on this form may be used for other purposes, such as housing benefit and council tax benefit.

1. I enclose all documents (or copies of the) that I need to.

2. I understand that the council may wish to check the information I have given.

3. I will tell the Council Tax Office immediately about any change of circumstance which will affect this application

4. I understand that under the Local Government Finance Act 1992, anyone who receives a discount on their Council Tax Bill dishonestly could be prosecuted and/or subject to penalties.

5. To the best of my knowledge, the information that I have provided is accurate.

Signed..... Date
 Name (in full)

When you have completed the form, please return it to the address at the top of the first page

OFFICE USE ONLY

Further information requested (details) Initials..... Date

Referred to inspection: YES NO Initials Date

Discount Awarded YES NO If Yes 25% 50% Awarded From (date)

Review date Approved by: Initials Date

Confirmation letter sent: YES Date..... Data input: initials Date