



Reply To: address as below

Tel: 01707 357 000

Email: c.tax@welhat.gov.uk

Reference Number (if known):

COUNCIL TAX DISCOUNT CLAIM FORM

Applicant:

This form should be completed by the person responsible for paying the Council Tax (the liable person).

Please note:

Further forms relating to the discount entitlement(s) indicated below may be sent out for more specific details. If you know the discount you are looking to apply for please download the correct form from our website www.welhat.gov.uk. Alternatively you can contact the office on 01707 357 000 or email c.tax@welhat.gov.uk to request this.

Disability reduction – If a disabled person who lives in your home has an extra room, or an extra bathroom or kitchen, or extra space for a wheelchair to meet their needs, you may get a reduction in your Council Tax. Please contact the Council Tax Unit if you think this applies to you.

Section 1. Application Information - if the same as above please tick this box and continue to section 2

Name:
Property Address:

Section 2. Residents – please list all the adult residents in the property, including yourself:

No.	Title	Forename(s)	Surname(s)
1			
2			
3			
4			
5			
6			



Section 3. Please tick any relevant columns for each numbered person above:

Category	Details	Person Number					
		1	2	3	4	5	6
A) A student or a student nurse	For each student or student nurse we need a student certificate from their college or university.						
B) An apprentice	For each apprentice, paid no more than £195 per week, we need the name and address of their employer and wage slips.						
C) A Young Person in Training	Each Young Person in Training must be aged under 25 and undertaking approved training funded by the Learning and Skills Council. We need the name and address of their employer.						
D) An 18 or 19 year old who has recently left school or for whom you receive Child Benefit	For each 18 or 19 year old we need the name and address of their school and the date they left, along with proof of entitlement of Child Benefit.						
E) Severely mentally impaired (For qualifying benefit please see our Web Site or call our office)	For each person severely mentally impaired we need the name and address of their doctor and confirmation of their status from their doctor. Please attach proof of qualifying benefit.						
F) In prison or detained under the Mental Health Act 1985	For each person we need the name and address of the prison, including their prison number, or hospital they are in.						
G) Living in a care home/hospital	the care home/hospital they reside in and confirmation from the care home/hospital.						
H) A care worker or carer	For each person, paid no more than £44 per week, please tell us the name and address of their employer or send confirmation from the carer.						

Section 4. Please tell us if anyone has left your address within the last 12 months

Full Name(s)	Forwarding Address(es)	Date they moved out

Section 5. Declaration

I/We declare the information given above is correct to the best of our knowledge and belief.

1. Print Name:..... Signed:..... Date:.....
2. Print Name:..... Signed:..... Date:.....
3. Print Name:..... Signed:..... Date:.....
4. Print Name:..... Signed:..... Date:.....
5. Print Name:..... Signed:..... Date:.....
6. Print Name:..... Signed:..... Date:.....

We can provide this information in different formats if needed. Please call 01707 357000 and ask for the Council Tax section or email c.tax@welhat.gov.uk