

COUNCIL TAX

Discount Claim Form

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 about you 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 _____ Name _____
- Current Address _____
_____ Postcode _____

**We may have to contact you again to obtain evidence in support of your claim or with a view to
arranging a visit to your property. Please provide contact details below:**

- Daytime Telephone Number _____
- E-mail Address _____
- Council Tax Reference Number _____
- Date you wish the discount to start _____

Details about the property

- Number of persons aged 18 years or over (including yourself) who live in the property _____
- Category number of discount you wish to apply for (*see Page Three*) _____

Details about the person(s) to be disregarded for Discount purposes

- Title _____ Name _____
- Name, address and telephone number of College/University, Residential Care Home or Employer etc

- Title _____ Name _____
- Name, address and telephone number of College/University, Residential Care Home or Employer etc

Need Help and Advice?

If you need help and advice to complete this form please telephone **0800 393811** or visit one of our Service Points or e-mail us at: operations.team@highland.gov.uk Please do **NOT** send personal data to this email address.

Completed claim forms should be returned to: Operations Team, The Highland Council, PO Box 5650, Inverness, IV3 5YX.

Until your claim has been dealt with, you must continue to make payment as requested in the last bill we sent to you.

DECLARATION - ALL APPLICANTS MUST COMPLETE THIS SECTION

Please read this declaration carefully before you sign and date it

SECTION ONE

**Warning: It is an offence to give false information.
If someone has completed this form on your behalf, you must make sure that it has been read back to you in full and you understand everything before you sign the declaration.**

- This is my claim for Discount;
- I declare that the information I have given on this form is correct and complete;
- I authorise the Highland Council to check the information I have given and make any necessary enquiries to verify the information on this form;
- I understand that if I give information that is wrong or not complete or fail to report a change which may affect my discount, I may have to pay a fine of up to £200. I have no objection to the Council inspecting my property.

All persons named on the Council Tax bill/responsible for payment of the Council Tax must sign below

- Claimant's signature _____ Date _____
- Signature _____ Date _____
- Signature _____ Date _____
- Signature _____ Date _____

SECTION TWO

**This section must be completed if the application has been filled in by someone else on your behalf.
This includes voluntary organisations, an appointee, relative or representative of the Council.**

- Please PRINT the name of the person who completed this form _____

- Their address _____

- Their telephone number _____
- Relationship to any of the persons who have signed the declaration in Section One of this form _____

- Please give the reason why the claimant was unable to complete the form _____

- **I declare that I have filled in this form for the person(s) named above in accordance with their instructions and have read this back to them in full before they signed the declaration.**
Signature of person completing form _____ Date _____
- **I declare that the person named in Section Two has completed this form on my behalf and has read it back to me in full. I confirm that I understand the nature of this application and the details provided in this form.**
Signature of Claimant _____ Date _____

Categories of persons disregarded for Discount purposes

1. Persons in Detention in a prison or hospital or any other place under a court order *(see Note 1)*
2. Persons 18 years or over for whom Child Benefit is payable *(see Note 2)*
3. Students *(see Note 3)*
4. Student Nurses (does not include distance learning) *(see Note 4)*
5. School leavers under 20 years of age who were students on the 30th April prior to this application *(see Note 5)*
6. Apprentices earning less than £195 per week gross *(see Note 6)*
7. Youth Training Trainees under 25 years of age *(see Note 7)*
8. Care workers provided by a Charity or Local Authority for at least 24 hours per week *(see Note 8)*
9. Persons providing care (other than to a spouse or child under 18) for at least 35 hours per week *(see Note 9)*
10. Persons receiving permanent care in a Residential Care Home, Nursing Home or Hospital *(see Note 10)*
11. Members of a Religious Community who have no income or capital of their own *(see Note 11)*
12. Members or dependants of an International Headquarters or Defense Organisation *(see Note 12)*
13. Members or dependants of Visiting Armed Forces who are not British Citizens or ordinarily resident in the UK *(see Note 13)*

NOTES for the 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. Persons who are Students or Foreign Language Assistants** (does not include distance learning)
 - (a) The name of the student
 - (b) Date of birth
 - (c) Name and address of the College/University attended
 - (d) Name of course being undertaken and qualification to be achieved on completion, for example HND Business Admin
 - (e) Date on which the course will cease
 - (f) A certificate from the College/University confirming the person is a student

Persons who are Foreign Language Assistants

 - (g) The name of the person
 - (h) Name and address of the school or educational institution the person is appointed as a foreign language assistant in
 - (i) Date commenced work at the above school or educational institution and date work will cease
 - (j) Evidence that the person is registered with the Central Bureau for Educational Visits and Exchanges, for example letter from the school
- 4. Persons who are Student Nurses**
 - (a) The name of the student nurse
 - (b) Name and address of the College/University attended
 - (c) Name of the course being undertaken and registration to be achieved on completion
 - (d) Date on which the course commenced
 - (e) Date on which the course will cease
 - (f) A certificate from the College/University confirming the person is a student

NOTES for the completion of the Discount Claim Form

- 5. School Leavers under 20 years of age who were students on the 30th April prior to this application**
 - (a) The name of the school leaver
 - (b) Date of birth
 - (c) Date of leaving educational establishment
 - (d) Course attended
 - (e) Name and address of College/University attended

- 6. 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 on which the apprenticeship commenced
 - (f) Date on which the apprenticeship will cease

- 7. 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 trainee
 - (d) Name and address of Organisation/Company supplying training
 - (e) Date on which training commenced
 - (f) Date on which training will cease

- 8. Care Workers provided by a Charity or Local Authority for at least 24 hours per week**
 - (a) The name of the care worker
 - (b) Name and address of the Charity or Local Authority supplying the care worker
 - (c) Hours of care provided per week
 - (d) Date on which care provision commenced
 - (e) Reason for care provided

- 9. Persons providing care (other than to a spouse or a child under 18) for at least 35 hours per week**
 - (a) The name of the person providing care
 - (b) Date on which care commenced
 - (c) Reason for care being provided
 - (d) Hours of care provided per week and letter from cared for persons doctor confirming that the carer is required to provide at least 35 hours care per week
 - (e) Details of benefits received by the person receiving care, for example higher rate Attendance Allowance

- 10. Persons permanently resident in a Residential Care Home, Nursing Home or Hospital**
 - (a) The name of the person
 - (b) Name and address of Residential Care Home, Nursing Home or Hospital
 - (c) Date on which care commenced
 - (d) Confirmation that care is permanent

- 11. Persons who are members of a Religious Community whose principal occupation is prayer, contemplation, education or the relief of suffering and who have no income or capital of their own and are dependant on the community concerned for their material needs**
 - (a) The name of the person
 - (b) Name and address of Religious Community
 - (c) Details of any income and capital of the person

- 12. Members of International Headquarters or Defence Organisations and their dependants**
 - (a) The name of the person
 - (b) Confirmation from the International Headquarters or Defence Organisation

- 13. 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