



<b>For Office Use Only</b>	
Acc. Ref:	Date of Issue:

## Application for a Council Tax Discount

If you have any queries, or any problems completing this form, you can contact us in the following ways:

<p><b>Telephone:</b></p> <p>Burton (01283) 508030</p>	<p><b>In Person:</b></p> <p style="text-align: center;">At the <b>Customer Service Centres</b>, At either the Market Place, High Street, Burton upon Trent or The Library, Red Gables, High Street, Uttoxeter</p>
<p><b>E-Mail:</b> <a href="mailto:council.tax@eaststaffsbc.gov.uk">council.tax@eaststaffsbc.gov.uk</a></p>	<p><b>Fax:</b> Burton (01283) 535412</p>

### How to fill in this form

Please complete **Section 1** of this form if you are the only adult living in this property.

Please complete **Section 2** of this form if there are two or more people living in the property and you believe you may be entitled to a discount.

### Section 1 – Please complete this section if you live alone

“I live on my own and have done since .....” (Please insert date)

Your name is:	Your address is:
Your telephone number is: (optional)	
<p><b>I am claiming a discount because</b> (please tick the appropriate box) :</p>	
(a) <b>I am on my own because my partner has passed away</b>	<input type="checkbox"/>
(b) <b>I am the only adult living in this property</b>	<input type="checkbox"/>
(c) <b>Family / people lodging with me have left the property.</b> Please tell us below who they are and what their new address is. Will they be responsible for the Council Tax at their new address?	<input type="checkbox"/>
<p>.....</p> <p>.....</p>	
(d) <b>My partner has left the property.</b> Please give us his / her name and forwarding address. Will they be responsible for the Council Tax at their new address?	<input type="checkbox"/>
<p>.....</p> <p>.....</p>	
<b>Signature:</b>	<b>Date:</b>

## Section 2 – Please complete this section if there are two or more adults living in the property but you would still like to claim a discount

### Guidance notes

Certain people will not be counted when looking at the number of adults resident in a property. For example, if there are two adults, and one of them falls into a group shown below, the bill will be worked out as if one adult lives there and a **discount of 25%** will apply. If every adult falls within a group shown below, a **50% discount** will apply.

**NB** If there are two or more adults in the property who do not fall within a group shown below, a discount **will not** apply.

If you think one of the adults in your property falls into one of the following groups, you should fill in the appropriate letter in the box below.

- A** Persons in detention
- B** People who are severely mentally impaired
- C** People over 18 for whom child benefit is still payable
- D1** Apprentices (there is a maximum earnings level for this discount)
- D3** Students in full time, higher or further education
- D5** Student nurses
- D6** Youth Training Trainee
- E** Long-term hospital patients
- F** Patients in Nursing or Care Homes
- G** Care workers on low pay engaged by a charity
- H** Residents of hostels or night shelters
- I1** Member of International Headquarters and Defence Organisations
- I2** Members of certain religious communities
- I3** 18/19 year olds who left school or college between 30<sup>th</sup> April and 1<sup>st</sup> November
- K** Persons caring for someone with a disability (not spouse, partner or child under 18)

**In most cases you will need to provide some documentary evidence to support your application.**

Students, for example, must provide a certificate from either their employer or the educational establishment they are attending to show that they are actively studying.

If you wish to check what sort of evidence will be acceptable, please ring us on 01283 508030 for further advice.

**If after reading the above notes you believe a discount should be granted, please give more details below.**

Please write in this box the name of the person(s) for whom a discount may be granted and their circumstances:	Please write the discount reason (A – K) from the above list in this box.
Please let us have your telephone number in case we need to contact you. (optional)	
<b>Signed:</b>	<b>Dated:</b>