

Revenues and Benefits
PO Box 238
Stanley
County Durham
DH8 1FP

Tel: 03000 264 000

On Line: www.durham.gov.uk/counciltax

Email: counciltax@durham.gov.uk

Account Reference if known:



Council Tax Care Leavers - Discretionary Reduction Application

In order to be considered for a discretionary reduction the person must be a care leaver under the age of 25 who is paying Council Tax or living with someone who pays Council Tax. To apply, either the care leaver or liable person must complete the details below and return to us via email or post. Our contact details are shown above.

1. About the Care Leaver - please complete this section giving details of the care leaver.

Title	
First Name	
Middle Name	
Last Name	
Date of Birth	
Address and Postcode of the property you will be moving in to or are living at	
Date moved in	
If you have recently moved please provide the previous address	
E-mail address	
Phone	
Local Authority that looked after you and contact details*	
Are you, as the care leaver, the only adult in the property	Yes/No - if yes go to section 3

*we will contact the Local Authority to confirm this person is a care leaver.

2. Anyone else who lives in the property - please tell us about anyone else who lives in the property if they are aged 18 or over?

Full Name	Spouse, Joint tenant, owner, living together, civil partner or other

3. Other Discounts and Exemptions - certain people may be entitled to a discount or exemption from council tax. This includes students, trainees and more. Please tell us if you think any of the following apply to the care leaver or any other household member.

- full time student, student nurse, apprentice and youth training trainee
- severely mentally impaired
- occupied by Person's under the age of 18
- caring for someone with a disability who is not their spouse, partner, or child under 18-years-old
- granny annexes where the occupant is elderly or disabled

If you have ticked any of these boxes please give details in section 4.

4. Is there anything that you would like to tell us

If this form has been completed over the telephone, please tick to confirm you have read the declaration below in full to the customer and they have confirmed they understand and agree it.

Name of DCC officer completing telephone form:	Date:
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If this is not a telephone application, please read this declaration carefully before you sign and date it.

Declaration

I declare that the information given by me on this form is correct to the best of my knowledge and belief. I understand that failure to supply or giving false information is an offence for which a penalty may be imposed. I also understand that I must inform the Council Tax Section as soon as there is any change in the information.

Name of person who filled in form (please print)	Relationship to the care leaver
Signature	Date
Contact phone number	E-mail address

You must notify the Council immediately if there is a change in your circumstances, which may affect this information. Contact details are provided above.

Data Protection Act

For information: In line with Data Protection law we may use information you give us to prevent or detect fraud or other crimes. We may also share it with other Council Services or public organisations if they need it to carry out their duties.