Revenues and Benefits PO Box 238 Stanley County Durham DH8 1FP Tel: 03000 264 000 On Line: www.durham.gov.uk/counciltax



Account Ref:

**CTDISCEXMT** 

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	Name & Address					
L						
		Council Tax D	iscount App	olication	- Child Benefit	
stil dis	ou may be entitled to a C Il receives child benefit. scount will depend on the ed assistance in comple	The person who on the control of the	child benefit adults residi	is paid fo ng in the	r will be disregar	ded, however the
S	Section 1: Council Tax	payer details to b	oe complete	d by the	applicant	
F	ull name:					
А	Address:					
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				Г		
N	lumber of adults living ir	n the property age	d 18 or over	L		
	Section 2: Blace provi	de deteile ef ell m		40 0 0 0 0	au vaaaisina Ch	ild Danafit
3	Section 2: Please provi		·	18 Or OV		
	Surname	First name	D.O.B		Child Benefit number	Date Child Benefit will
						cease

Please enclose with this form proof of child benefit for each person named above for example a letter from the Child Benefit department or the original payment book. Any original documents will be returned to you as soon as possible.

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.				
Signature	Date			
Telephone	E-Mail			

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.