

COUNCIL TAX Discount Application Form



Our Ref:
Return To: Fylde Council, Town Hall,
St Annes FY8 1LW
Telephone: 01253 658658
Email: fylderevenues@blackpool.gov.uk

Date Issued:

Account Reference

Please complete the part of this form which is relevant to your circumstances and sign the declaration overleaf, please see guide for details:

SINGLE PERSON DISCOUNT	PART 1 & PART 9
STUDENTS & STUDENT NURSES	PART 2 & PART 9
APPRENTICES & YOUTH TRAINING TRAINEES	PART 3 & PART 9
CHILD BENEFIT (PERSONS OVER THE AGE OF 18)	PART 4 & PART 9
PATIENTS IN HOSPITAL OR CARE HOME RESIDENTS	PART 5 & PART 9
CARERS	PART 6 & PART 9
SEVERELY MENTALLY IMPAIRED	PART 7 & PART 9
PEOPLE IN DETENTION	PART 8 & PART 9

PART 1 - Single Person Discount

People living on their own or with children under 18 years old.

If you live alone you are entitled to a 25% discount from Council Tax. Anyone who is temporarily away from home, (such as someone working away or on holiday) is counted as being resident with you.

I declare that I am the only adult resident living in the property from

If relevant please provide details of any other resident e.g. partner that may have now permanently moved out.

Name of person vacating

Date moved out

Their forwarding address



PART 2 - Students & Student Nurses

A discount disregard or exemption may apply if someone at the address is a full time student or student nurse. If there are 2 or more people resident who are not disregarded for Council Tax a discount will not apply. Persons over the age of 20 in Further Education are not classed as students in Council Tax regulations.

If relevant please provide details of any other resident e.g. partner that may have now moved out.

Name of student:	Date of birth:
------------------	----------------

Name of University, College or Hospital	Course being studied	Date course starts/started	Date course ends

Please provide an original Student Certificate from the College/University. A copy or e-mail is not sufficient.

The spouses and dependents of students from abroad:

Is the person living in the UK with someone from abroad who is a full time student? Yes No

Does the person's visa state they are prohibited from taking paid work or recourse to public funds? Yes No

Please provide a copy of the person's passport which shows their visa.

Foreign Language Assistants:

Is the student registered with Central Bureau for Educational Visits and Exchanges? Yes No

Do they work as a foreign language assistant at a school or other educational institution in Great Britain? Yes No

Please provide proof of registration with Central Bureau for Educational Visits and Exchanges.

If no other parts of this form are relevant PLEASE NOW GO TO PART 9. 

PART 3 - Apprentice & Youth Training Trainees

A discount disregard may apply if someone at the address is an apprentice or youth training trainee. If there are 2 or more people resident who are not disregarded for Council Tax a discount will not apply.

Full name of apprentice or youth training trainee:	Date of birth:
--	----------------

Apprentice? Yes No

Youth Training Scheme? Yes No

What qualification will be received on completion:

Start Date:

End Date:

Name and address of employer:

Please supply 3 consecutive weekly pay slips as proof of income. Please note if the gross pay is more than £195.00 per week you will not qualify.

If no other parts of this form are relevant PLEASE NOW GO TO PART 9. 

PART 4 - Child Benefit (Persons over the age of 18)

A discount disregard may apply if child benefit is payable for a person over 18 years of age. If there are 2 or more people resident who are not disregarded for Council Tax a discount will not apply.

Full name of person you are claiming for	Date of Birth	Child Benefit Allowance Number	Date child Benefit Ends



PART 5 - Patients in Hospital or Care Home Residents

A discount disregard or exemption may apply if someone has left the address permanently as they are now in a care home or in hospital. If there are 2 or more people resident who are not disregarded for Council Tax a discount will not apply.

Please note that the person must have left permanently in order for discount to apply.

Full name of the person you are claiming for:

Name, address & phone number of the hospital/home:

What date did they go into the hospital/home?:

Is their stay permanent? Yes No

Please provide details of any persons remaining in the property or please state if it is unoccupied:

Please provide an address to send correspondence to:

If no other parts of this form are relevant PLEASE NOW GO TO PART 9. 

PART 6 - Carers

A discount disregard may apply if someone at the address is a carer for another person at the same address. If there are 2 or more people resident who are not disregarded for Council Tax a discount will not apply. Please note that if the person being cared for is your spouse, partner or a child under 18 years of age you will not qualify for discount.

Full name of the person providing care:

What is the relationship to the person receiving care?

Qualifying Benefits Please tick the benefit which the person receiving care is in receipt of. They will need to provide proof.

- Higher or middle rate care component of Disability Living Allowance (DLA) or Personal Independence Payment (PIP)
- Attendance Allowance (AA)
- Constant Attendance Allowance payable under the Industrial Injuries or War Pensions Schemes
- Higher rate disablement pension

On average, how many hours per week does the carer provide care for?

If no other parts of this form are relevant PLEASE NOW GO TO PART 9. 

PART 7 - Severely Mentally Impaired

A discount disregard or exemption may apply if someone at the address is severely mentally impaired. If there are 2 or more people resident who are not disregarded for Council Tax a discount will not apply.

Full name of the person you are claiming for:

Qualifying Benefits Please tick the benefit which the person who is severely mentally impaired gets. They will need to provide proof of any benefits they are entitled to.

- Incapacity Benefit (short-term or long-term) or Employment and Support Allowance (ESA)
- Unemployability Allowance, payable under the Industrial Injuries or War Pensions schemes
- Attendance Allowance (AA)
- Severe Disablement Allowance (SDA)
- The highest or middle-rate care component of Disability Living Allowance (DLA) or Personal Independence Payment (standard or enhanced rate of the daily living component)
- An increase in Disablement Pension for constant attendance
- Constant Attendance Allowance payable under the Industrial Injuries or War Pensions schemes

What date did the benefit start:

The person claiming this discount must be confirmed as being severely mentally impaired by a doctor. Please provide the details of the doctor below.

Doctor's Name	Doctor's Address

If no other parts of this form are relevant PLEASE NOW GO TO PART 9. 

PART 8 - People in Detention

A discount disregard may apply if someone at the address is now in detention. If there are 2 or more people resident who are not disregarded for Council Tax a discount will not apply. Please note that discount does not apply if you are detained for non payment of Council Tax or a fine.

Full name of the person you are claiming for	Name & address of the place where they are being detained	Date taken into custody	Expected release date

If no other parts of this form are relevant PLEASE NOW GO TO PART 9. 

PART 9 - Declaration

Fair Processing Notice

Fylde Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Preventing and detecting fraud

Fylde Council must protect the public funds we deal with. We may use the information you have given on this form and share the information with other organisations that audit or handle public funds to help us prevent and detect fraud.

Data Protection

Any information you give will be used to decide your council tax liability. We may share, or obtain information about you with other sections of the council, other councils, data matching agencies and government agencies to make sure the information is accurate, prevent and detect fraud and to protect 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

Find out more at www.fylde.gov.uk

I declare to the best of my knowledge the information I have given on this form is true and complete. I understand I must tell you straight away if my circumstances change and I think that I may not be able to claim a discount. If I provide incorrect or incomplete information you may take action against me. **WARNING** it is an offence to give false information.

How many people aged 18 or over, including yourself, live in your property/ household?:

Please ensure this box is completed.

Signed (Applicant)

Date:

If filled in by someone other than the applicant – Please sign below to confirm that you have confirmed with the person claiming that the answers you have written on this form are correct.

Your Signature:

Your name:

Date:

Relationship to Applicant:

CONTACT DETAILS

Please provide your contact details in case any query needs to be made regarding your application.

Telephone:	Email:
------------	--------