

COUNCIL TAX DISCOUNT CLAIM FORM

Please complete this form if you think you are entitled to a discount on your Council Tax (even if you already get Local Council Tax Support). A discount may result in your bill being reduced by 25% or 50%. If you have any questions call Council Tax on (01279) 446688 or e-mail council.tax@harlow.gov.uk

Name: _____
 Address: _____

Council Tax account reference (if known):

Date form issued:
 D _____ M _____ Y _____ Y _____ Y _____ Y _____

www.harlow.gov.uk

► Please complete all sections in CAPITAL LETTERS

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SECTION 1 Please list everyone over 16 who normally lives at this address – including yourself:

No.	Title	First name(s)	Surname	What is their date of birth?									
				D	D	M	M	Y	Y	Y	Y		
1.													
2.													
3.													
4.													
5.													
6.													

If you are the only person aged 18 or over listed above, please provide the date that you are claiming a single person's discount from:

D _____ M _____ Y _____ Y _____ Y _____ Y _____

SECTION 2a

Please tell us if you or someone you live with is one of the following ▼	Please tick the box that relates to each person numbered above						Information we need for the discount to apply
	1.	2.	3.	4.	5.	6.	
A student or a student nurse							For each student or student nurse we need a student certificate from their college or university.
An apprentice							For each apprentice we need the name and address of their employer (use the space at 2b overleaf) and wage slips.
Young people under 25 who get funding from the Skills Funding Agency or Young People's Learning Agency							We need the name and address of their employer (use the space at 2b overleaf).
An 18 or 19 year old who has recently left school or for whom you receive Child Benefit							For each 18 or 19 year old we need the name and address of their school and the date they left (use the space at 2b overleaf), or a copy of their Child Benefit book or notification letter or bank statement.
Severely mentally impaired							For each person severely mentally impaired we need the name and address of their doctor, and their national insurance number (use the space at 2b overleaf) and proof of any benefit they get.
In prison or detained under the Mental Health Act 1985							For each person we need the name and address of the prison or hospital they are in (use the space at 2b overleaf).
Living in a care home							For each person we need the name and address of the care home they are in (use the space at 2b overleaf), or send us a letter from the care home.
A care worker or carer							For each person please tell us the name and address of their employer (use the space at 2b overleaf) or send us a letter from the carer.

