

# COUNCIL TAX - PERSONAL DISCOUNT APPLICATION

This form must be completed in black ink by the liable person

## TRANSLATION SERVICES

The content of this publication, or sections of it, can be made available in alternative formats or translated into other community languages. Please contact the Council's ACCESSLine on 08452 777 778 for further information or email [accessline@angus.gov.uk](mailto:accessline@angus.gov.uk)



Head of Finance  
 Angus Council  
 PO Box 14  
 DUNDEE  
 DD5 4WU  
**Tel: 01382 536500**  
**Email: REVENquiry@angus.gov.uk**  
 If you require any assistance or help in completing this form please contact the above.

Account Number	
Name of Liable Person: .....	
Address .....	
.....	
Postcode:.....	Tel No: .....
Contact Email Address .....	

Address of Property for which discount is sought if different from address opposite
.....
.....
.....

1. How many persons aged 17 or over (including yourself) have the dwelling as their sole or main residence?   
 If no-one has their sole or main residence in the dwelling, write NIL in the box.   
 (a) If the answer is nil or one please give the date these circumstances took effect

**NB IF NIL, YOU NEED ONLY COMPLETE THE CLAIMANTS CERTIFICATE AT THE END OF THIS FORM**

2. Please supply names of all persons included in 1 above and state relationship to you, if any. If any are under 18, please give date of birth.

Name	Relationship	Date Of Birth	Date moved in if within the last 2 years
	CLAIMANT		

3. If any of the above persons are 18 or over and child benefit is still payable in respect of them, please give details below.

Name	Date Child Benefit Will Cease	Name	Date Child Benefit Will Cease

4. Is anyone listed in 2 above severely mentally impaired?  YES/NO

If **yes**, please give name

Please state which of the undernoted allowances they receive and give the weekly amount received and start date of each:-  
 (Please delete whichever is not applicable)

Incapacity Benefit; Employment and Support Allowance; Attendance Allowance; Severe Disablement Allowance; The highest or middle rate of the care component of a Disability Living Allowance; A Disabled Person's Tax Credit; An Unemployability Supplement; A Constant Attendance Allowance or an Unemployability Allowance; Income Support Disability Premium; Increased Disablement Pension due to need for constant attendance.

Date Allowance Commenced	£
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**NOTE:** Even if the severely mentally impaired person is not receiving any of the above benefits, they may still meet the discount criteria where they have reached retirement age but would otherwise be eligible for any of the above benefits or their partner is receiving an increased amount of Jobseekers Allowance in respect of their incapacity for work. If either of these categories apply please give details .....

**If this section applies, a Doctor's Certificate verifying the mental impairment should be supplied along with this application form when completed.**

5. Does anyone listed in **2** (over) live in the dwelling on a permanent basis to provide care and support to another person in the dwelling (other than to provide care for their spouse or their child under 18), for at least 35 hours per week?

YES/NO

If **YES**, please provide the name of the person providing the care, and the date care began.

Name:

Date:

Please state which of these allowances the person being cared for receives or is entitled to and give the weekly amount received (if applicable); Higher rate Attendance Allowance; Highest rate of the care component of a Disability Living Allowance; Increased Disablement Pension due to the need for constant attendance; an increase in a Constant Attendance Allowance.

£

OR

Does anyone listed in **2** (over) live in the dwelling to provide care or support to you or other persons in the dwelling and are they employed by or through a Charitable Body to provide this service for at least 24 hours per week?

YES/NO

If **YES**, please provide the name of the person providing the care, the date care began and the address of the Charitable Body.

Name:

Date:

Name & Address of Charitable Body



Please state the weekly earnings the person receives for providing this care/support.

£

6. Are any of the persons listed in **2** (over) receiving long term care in a Residential Home or Hospital

YES/NO

If **YES**, please provide their name and the address of the Home or Hospital and the date such care began

Name:

Date:

Name & Address of Home/Hospital:



7 Are any of the persons listed in **2** (over) students?

YES/NO

**NB Please include nursing students who are undertaking a course of study leading to a first inclusion in the Register of the Nurses, Midwife and Health Visitors Act 1997.**

If **YES**, please provide the following details:

	STUDENT NO 1	STUDENT NO 2
Name of student		
Name & address of college or University		
The name of the course they are attending		
Start date of course		
End date of course		

If more than two students, please continue on a separate piece of paper.

**A Student Certificate should be supplied for each student listed above.**

Do any of the students named above have a spouse or dependant living with them who is not a British Citizen?

YES/NO

8. Are any of the persons listed in 2 (over) an apprentice earning no more than £195 per week Gross? **Please supply the two latest available payslips.**

YES/NO
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If YES, please provide the following details:

	Apprentice No 1	Apprentice No 2
Name of Apprentice		
Name & Address of Company or Organisation they work for		
Please state gross weekly income	£	£
What apprenticeship are they undertaking?		
What qualification will they achieve?		
Date apprenticeship began		
What is the expected end date		

9. Are any of the person listed in 2 (over):

A Youth Training Trainee under 25 years of age

YES/NO
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A salaried Student Nurse

YES/NO
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If YES, please provide the following details:

	No 1	No 2
Name of YTT		
Name of the course they are undertaking		
Name & Address of Company or Organisation they work for		
Start date of course		
End date of course		

10. Are any of the persons listed in 2 (over) presently in detention?

YES/NO
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If YES, please provide the following details:

	No 1	No 2
Name		
Date Detained		
Expected Release Date		
Place of detention		

11. Are any of the persons listed in 2 (over) members of or dependants of Visiting Armed Forces who are not British Citizens or ordinarily resident in the UK?

YES/NO
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If YES, please provide the following details:

	No 1	No 2
Name of Person		
Name of Visiting Armed Force		

12. Are any of the persons listed in 2 (over) a member of a religious community whose principal occupation is prayer, contemplation, education or the relief of suffering and who has no income or capital of his/her own and is dependant on the community concerned for his/her material needs? YES/NO

If **YES**, please give the following information:

Name of Member:

Name & Address of Religious Community:

13. Are any of the persons listed in 2 (over) recent school or college leavers who are under 20 years of age? YES/NO

If **YES**, please give:

	First Person	Second Person
Name	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Date of Birth	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Date of Leaving School/College	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

14. Are any of the persons listed in 2 (over) members of an International Headquarters of Defence Organisation, or a dependant of such a member? YES/NO

If **YES**, please give:

	No 1	No 2
Name of Person	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Name of International HQ of Defence Organisation	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

**YOU MAY BE LIABLE TO A £50 PENALTY IF YOU TRY TO OBTAIN COUNCIL TAX DISCOUNT FOR YOURSELF OR ANYONE ELSE DISHONESTLY.**

The information you have provided on this form and from any supporting evidence will be used by Angus Council (the "data controller" for the purposes of the Data Protection Act 1998) in order to update our records. The information will be held securely by the Council and will be treated as confidential except where the law requires it to be disclosed. The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to check its accuracy, prevent or detect crime, protect public funds or where required by law.

You have the right to request access to personal information that the Council holds about you and to have any inaccuracies corrected. If you wish to do this please contact the Head of Law and Administration on (01307) 461460 or e-mail [LAWADMIN@angus.gov.uk](mailto:LAWADMIN@angus.gov.uk)

**Declaration**

I / We declare that to the best of my / our knowledge and belief, the particulars shown on this form are true, accurate and complete and authorise Angus Council to use this information for the above purposes.

Signature ..... Date .....

All relevant sections of this form must be completed. Failure to do so may delay the processing of your application. All information given in this form will be treated as confidential and will not be disclosed to any unauthorised person.