Council Tax
Application for a Discount Disregard

This document can be made available in other languages and formats (including large print, audio tape and Braille as appropriate) Please telephone (01482) 300300, textphone (01482) 300349. Alternatively you can request a different format by using the online Council tax enquiry form.

You can contact us by
- telephone 01482 300 300, textphone 01482 300 349
- email ctaxsr@hullcc.gov.uk
- fax 01482 613 562
- using the online Council tax enquiry form

Certain categories of adults can be disregarded for the purposes of claiming a discount.

If two adults live in a property and one of them falls into a disregard category, a 25% discount will apply. If a number of adults live in a property and all of them except one qualify to be disregarded, a 25% will also apply. If all adults living in the property fall into the disregard categories, a 50% discount will apply.

If you think members of your household may qualify to be disregarded please complete this form.

To be completed by all applicants

Section 1

Full name of applicant.

Address for which claim is being made, including room and or flat number.

What was your previous address, if different from the above, including room and or flat number?

Your telephone number.

Your email address.

You do not have to supply your telephone number or E-mail address but it may help if you do.
Section 2 – Discount Disregards – Adults not Counted

Please list all the adults living in the property and indicate the category of disregard, if any, you are claiming for. Please use the number from the list of categories below.

Names of all adults living in the property.

<table>
<thead>
<tr>
<th>First names</th>
<th>Surname or family name</th>
<th>*Disregard applied for</th>
<th>*Date you qualify to be disregarded</th>
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Categories of Disregard

1. Severely Mentally Impaired.
2. 18 year old where Child Benefit is payable.
3. Student or Student Nurse.
4. Apprentice or Youth Training Trainee.
5. Permanent Hospital Patient.
6. Permanent Resident in a Care or Nursing Home.
7. Convicted or Remand Prisoner.
8. Care Worker for a Charity or Carer in the Home.
9. Resident in a Night Shelter or Hostel.
10. Dependent of International Headquarters and Defence Organisation.
11. Member of Religious Community.
12. School Leaver under 20 who has ceased a qualifying course of education before 1st November.

*All of the above categories have qualifying conditions which must be met before any discount can be given. It would be helpful if you could include proof of their status, for example a student certificate or benefit’s statement.

In certain circumstances we may need to write to you for more information.

Section 3 – Declaration

I declare that the information given on this form is true and complete to the best of my knowledge and belief. I understand that the Council may check this information as necessary with various external agencies and other council departments. I am also aware that I am required to notify the Council in writing of any change in circumstance which may affect my claim.

Signature ___________________________ Date ___________ / __________ / __________

Please note, a person who makes a false claim may have a penalty of up to £350 imposed.

Once completed please return this form to us at any of our Customer Service Centres or Information Points. Alternatively you can send it to Freepost RLUA-YRHR-AKTS, Hull City Council Revenues and Benefits Service, P.O. Box 128, Hull. HU1 2BR

DATA PROTECTION

The information you have been asked to provide may be recorded on computer and is subject to the Data Protection Act, 1998.

Some information may be disclosed to Housing Benefit offices and other departments of the Council.