

COUNCIL TAX - PERSONAL DISCOUNT APPLICATION

To Be Returned To:

Perth & Kinross Council
Executive Director (Housing & Community Care)
PO Box 7300
PERTH
PH1 5WH
Telephone No: (01738) 477430
(Mon-Fri 8.45am to 5.00pm)
Email: localtaxes@pkc.gov.uk



EXPLANATORY NOTE - PLEASE READ INFORMATION BELOW

- Your Council Tax bill is worked out on the basis of two or more adults (an adult is a person aged 18 years or over) living in the household. You may qualify for a reduction if some or all adults living in the household fall into a disregarded category (refer to the explanatory note issued with your bill for details of Council Tax reductions).
- An application for a Council Tax reduction must be made by the person who is liable to pay Council Tax for the property, or an agent acting on his/her behalf. Any information given will be treated in the strictest confidence.**
- If you wish to apply for a Council Tax reduction, please complete all relevant sections of this form and return it to **LOCAL TAXES, PERTH & KINROSS COUNCIL, PO BOX 7300, PERTH, PH1 5WH.**
- Should you require any further information you may telephone a member of staff on (01738) 477430, or alternatively you may visit the **Reception at Pullar House, 35 Kinnoull Street, Perth.** You may also write or email using the above contact details.
- PLEASE NOTE THAT SHOULD YOU QUALIFY FOR A REDUCTION, FORMS ARE ISSUED PERIODICALLY TO REVIEW YOUR CIRCUMSTANCES. AN OFFICER OF THE COUNCIL MAY CONTACT YOU WITH A VIEW TO ARRANGING A VISIT TO THE PROPERTY.**
- Should your circumstances change, you must notify this office, in writing, within 21 days of the actual change.**

SECTION A: TO BE COMPLETED IN ALL CASES

(1). Full Name(s) of liable person(s):

(2). Address:
..... Postcode

(3). Daytime Telephone Number:

(4). Address of Property for which reduction is sought (if different from above):
..... Postcode

(5). Council Tax Account Number (if known):

SECTION B: ABOUT THE OCCUPATION OF THE DWELLING (TO BE COMPLETED IN ALL CASES)

(1). Is the property unoccupied? YES NO
If you have ticked "yes", please confirm the date on which it became unoccupied:

(2). How many adults (i.e. persons aged 17 or over), INCLUDING YOURSELF, have the property as their sole or main residence?
If the answer above is NIL or ONE, please give the date these circumstances took effect:

Please note: If the answer above is NIL, you need only complete the Declaration at Section M of this form.

(3). Please supply names of all persons included in (2) above and state relationship to you, if any. Please also give the date of birth for any person under 18 years of age.

NAME	RELATIONSHIP	DATE OF BIRTH	DATE MOVED IN, IF WITHIN THE LAST TWO YEARS
1	CLAIMANT		
2			
3			
4			
5			
6			

SECTION C: COMPLETE IF CHILD BENEFIT IS IN PAYMENT FOR A PERSON AGED 18 YEARS OR OVER

If any of the persons aged 18 years or over (which you have detailed in Section B), still has Child Benefit payable in respect of them, please give details below:

NAME	DATE CHILD BENEFIT WILL CEASE
1	
2	
3	

NB. A copy of the Child Benefit Award/Notification letter must be provided

SECTION D: COMPLETE IF ANY PERSON AGED 18 YEARS OR OVER IS SEVERELY MENTALLY IMPAIRED

(1). Is any person aged 18 years or over (which you have detailed in Section B), severely mentally impaired? YES NO

If you have ticked "yes", please provide their name(s):

(2). Please state which one of the undernoted allowances they receive and detail the WEEKLY amount received.

	£		£
Incapacity Benefit	.....	Disabled Person Tax Credit	.....
Attendance Allowance	.....	An Unemployability Supplement	.....
Severe Disablement Allowance	.....	Constant Attendance Allowance	.....
Disability Living Allowance-higher rate (Care Component)	.....	Income Support Disability Premium	.....
Disability Living Allowance-middle rate (Care Component)	.....	Increased Disablement Pension (due to need for constant attendance)	.....
Unemployability Allowance	.....	Employment Support Allowance	.....

(3). Give the date the Allowance commenced:

IF THIS SECTION APPLIES, A DOCTOR'S CERTIFICATE VERIFYING THE MENTAL IMPAIRMENT SHOULD BE SUPPLIED ALONG WITH THIS APPLICATION. YOU WILL FIND THIS ATTACHED TO THE BACK OF THIS APPLICATION FORM.

SECTION E: COMPLETE IF ANY PERSON AGED 18 YEARS OR OVER IS PROVIDING CARE

(1). Does any person aged 18 years or over (which you have detailed in Section B), live in the dwelling on a PERMANENT basis to provide care and support to another person (other than to provide care for their spouse/partner or their child under 18) in the dwelling, for at least 35 hours per week? YES NO

If you have ticked "yes", please provide the name of the person PROVIDING care:

Provide the date on which the care began:

(2). Provide the name of the person RECEIVING care:

What is the relationship between the person providing care and the person receiving care (e.g. husband, wife, partner, parent etc)?

Is the person RECEIVING care aged 18 or over?: YES NO

(3). Please state which one of the undernoted allowances the person BEING CARED FOR receives, the date the allowance commenced and detail the WEEKLY amount received.

Date Allowance commenced:

Highest Rate Attendance Allowance £	.....	Increased Disablement Pension due to the need for constant attendance	£	.....
Highest Rate of Care Component of Disability Living Allowance	£	.....	Increase in a Constant Attendance Allowance	£

OR

(4). Does any person aged 18 years or over (which you have detailed in Section B), live in the dwelling to provide care or support to you or other person(s) in the dwelling and they are EMPLOYED by or through a Charitable Body to provide this service? YES NO

If you have ticked "yes", are they employed to provide this service for at least 24 hours per week? YES NO

Provide the name of the person PROVIDING care:

Provide the date on which the care began:

State the WEEKLY earnings the person receives for providing this care/support:

Provide the name and address of the Charitable Body:

SECTION F: COMPLETE IF ANY PERSON IS A STUDENT

(1). Are any of the persons (which you have detailed in Section B), STUDENTS (including bursary or grant aided nursing students)? YES NO

(2). If you have ticked "yes", please provide the following details:

	STUDENT No.1	STUDENT No.2	STUDENT No.3
Name of Student			
Name & Address of College or University			
Name of Course They are Attending			
Start Date of Course			
End Date of Course			

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

A Student Certificate should be supplied for each student listed above. (No certificate is required for students attending Perth College).

(3). Do any of the students named above have a spouse or dependant living with them who is not a British Citizen? YES NO

SECTION G: COMPLETE IF ANY PERSON IS A SKILLSEEKER OR SALARIED STUDENT NURSE

(1). Are any of the persons (which you have detailed in Section B), a SKILLSEEKER? YES NO

(2). Are any of the persons (which you have detailed in Section B), a salaried student nurse? YES NO

(3). If you have ticked "yes" to any of the questions above, please provide the following details:

	No.1	No.2	No.3
Name of Skillseeker or Student			
Name of Course they are Undertaking			
Name & Address of Company or Organisation they work for			
Start Date of Course			
End Date of Course			

SECTION H: COMPLETE IF ANY PERSON AGED 18 YEARS OR OVER IS AN APPRENTICE

(1). Are any of the persons (which you have detailed in Section B), an APPRENTICE? YES NO

(2). If you have ticked "yes", please provide the following details:

	APPRENTICE No.1	APPRENTICE No.2
Name of Apprentice		
Name & Address of Company or Organisation they work for		
GROSS weekly Income		
Type of Apprenticeship		
Qualification which will be Achieved		
Date Apprenticeship Began		
Expected End Date of Apprenticeship		

YOU MUST SUPPLY THE TWO LATEST PAYSLEIPS.

SECTION I: COMPLETE IF ANY PERSON AGED 18 YEARS OR OVER IS A RECENT SCHOOL/COLLEGE LEAVER

(1). Are any of the persons (which you have detailed in Section B), recent school or college leavers who are UNDER 20 years of age? YES NO

(2). If you have ticked "yes" to the question above, please provide the following details:

	Person No.1	Person No.2	Person No.3
Name			
Date of Birth			
Date of Leaving School/College			

SECTION J: COMPLETE IF ANY PERSON AGED 18 YEARS OR OVER IS IN DETENTION

(1). Are any of the persons (which you have detailed in Section B), presently in detention? YES NO

(2). If you have ticked "yes" to question above, please provide the following details:

	Person No.1	Person No.2
Name		
Date Detained		
Expected Release Date		
Place of Detention		
Is detention due to non-payment of fines?		

SECTION K: COMPLETE FOR VISITING ARMED FORCES/INTERNATIONAL H.Q/DEFENCE ORGANISATIONS

(1). Are any of the persons (which you have detailed in Section B), members of, or dependants of, Visiting Armed Forces who are not British Citizens or ordinarily resident in the UK? YES NO

(2). Are any of the persons (which you have detailed in Section B), members of an International or Defence Organisation, or a dependant of such a member? YES NO

(3). If you have ticked "yes" to any of the questions above, please provide the following details:

	Person No.1	Person No.2
Name		
Name of Visiting Armed Force (if relevant)		
Name of International HQ or Defence Organisation (if relevant)		

SECTION L: COMPLETE FOR MEMBERS OF A RELIGIOUS COMMUNITY

(1). Are any of the persons (which you have detailed in Section B), a member of a religious community, whose principal occupation is prayer, contemplation, education or the relief of suffering? YES NO

(2). If you have ticked "yes" to the question above, please provide the following details:

	Person No.1	Person No.2
Name of Member		
Name and Address of Religious Community		
Does member have any income or capital of their own?		
Is member dependent on the community concerned for their material needs?		

SECTION M: TO BE COMPLETED IN ALL CASES

I DECLARE THAT THE INFORMATION GIVEN ON THIS APPLICATION IS ACCURATE, AND UNDERTAKE TO NOTIFY YOU IMMEDIATELY IF THE CIRCUMSTANCES CHANGE.

Signature:

Date:

DATA PROTECTION

Any information you have provided will be used for the billing and collection of local taxes and the recovery of any unpaid debts due to the Council. Disclosures to third parties will only be made to agents employed by Perth & Kinross Council to recover unpaid debts and to those organisations with a legal right of access, e.g. Inland Revenue. This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided for the prevention and detection of fraud therefore it may also share this information with other bodies for these purposes.

In terms of the Data Protection Act 1998, you are entitled to know what information this Council holds about you, on payment of a fee of £10. Application should be made to the Executive Director (Corporate Services), 2 High Street, Perth.

CHECKLIST: FOR INFORMATION PURPOSES ONLY

Have You:

- Completed Sections A and B
- Completed any other relevant Sections
- Signed and Dated the Declaration as Section M
- Provided any relevant supporting evidence. Where this is required, details are provided in the relevant Section of this application form (e.g. student certificate or doctor's certificate).
- Completed and Signed the enclosed Direct Debit Mandate (for those who would like to pay by this method and have not already set up a Direct Debit).

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LOCAL GOVERNMENT FINANCE ACT 1992

**APPLICATION FOR COUNCIL TAX PERSONAL DISCOUNT/EXEMPTION
 ON GROUNDS OF SEVERE MENTAL IMPAIRMENT**

Account Number: _____

Administration Area: _____

APPLICANT'S NAME:

APPLICANT'S ADDRESS:

.....

TO BE COMPLETED BY THE REGISTERED MEDICAL PRACTITIONER

DOCTOR'S NAME:

SURGERY/HOSPITAL ADDRESS:

.....

.....

PLEASE TICK THE APPROPRIATE BOX BELOW

I certify that, in my opinion the applicant named above

is

is not

suffering from severe impairment of intelligence AND social functioning (however caused) which appears to be permanent, as defined in Paragraph 2 of Schedule 1 to the Local Government Finance Act 1992.

DATE FROM WHICH THE ABOVE NAMED WAS DIAGNOSED:

DOCTOR'S SIGNATURE:

DOCTOR'S FULL NAME (BLOCK CAPITALS):

DOCTOR'S STATUS:

DATE:

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