Public Services

Revenues

Laurence House

Catford

London SE6 4RU

Direct line: 020 8690 9666

Fax: 020 8314 3155

Date:

Our ref

Your ref

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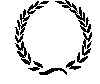


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**COUNCIL TAX DISCOUNT APPLICATION FORM**

Award for excellence





INVESTOR IN PEOPLE



**(CARE LEAVERS)**

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| --- | --- | --- |
| 1. Name and address of liable person | | |
| 2. Number of adults in the property, including person who has left care |  |  |
|  | | |
| 3. Name of person who has left care. | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y |   4. Date of birth of person who has left care  5. Name of local authority where previously in care.  6. Please provide the name, address & contact details of your personal advisor | | |
|  | | |
| 7. Care Leaver  I am the liable person and am claiming a discount from: / /  **Discount only available from 1st April 2018 at the earliest**  Signed: Date: / /    If you have signed this form on behalf of the liable person, please state your relationship with them. | | |
| I declare, to the best of my knowledge, the information I have given is correct.  I understand I am legally required to give you correct information. I also understand that if my circumstances change, I must tell you immediately. I further understand I can be prosecuted for knowingly claiming a discount or exemption to which I am not entitled.    Signed: Date: / /    Full name:  **(please print your name clearly)**    Contact telephone number  Email address | | |
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I understand that the information I have supplied will be retained and used by the Council in connection with the collection of Council Tax. I consent to the information being disclosed to other parts of the Council and to third parties (e.g. the Benefits Agency), or in such other circumstances where the law might otherwise allow. I also understand that I have a right of access to the information the Council holds in respect of me and that I may obtain a copy of the information upon written request and payment of the required fee.