



Council Tax

Discount Claim Form

APPLICATION FOR PERSONAL DISREGARD FOR DISCOUNT PURPOSES - PERSONS IN RESPECT OF WHOM CHILD BENEFIT IS PAYABLE

ADDITIONAL NOTES

A person, over the age of 18, in respect of whom Child Benefit is payable will be disregarded for the purpose of claiming a Council Tax Discount. In other words, he/she will not be counted as a member of the household.

If, after deducting the disregarded adults from the total number of adults in the household, the number remaining is less than two, a discount will apply.

A person will be disregarded for discount purposes if he or she:-

- a) has attained the age of 18 years; but
- b) is a person in respect of whom another person is entitled to child benefit, or would be so entitled but for paragraph 1 (c) of Schedule 9 to the Social Security Contributions and Benefits Act 1992.

18 AND 19 YEAR OLDS - Persons in respect of whom Child Benefit is payable shall be disregarded for purposes of discount until Child Benefit ceases. School leavers will be disregarded for purposes of discount between the end of their course and the 1st November provided they did not leave their course prior to the 30th April. 18 and 19 year olds who are attending a qualifying course of education which is defined as a course of education which excludes higher education courses, lasts for at least 3 months and has a minimum of 12 hours study, which are normally carried out between 8.00 am and 5.30 pm are disregarded.

You must inform the Head of Revenue Services, within 21 days, when child benefit ceases to be paid in respect of the person concerned.

The individual may still be disregarded for a short period after leaving school and if he or she becomes a full-time student. Further information is available from the Director of Finance, Russell House, Churton Road, Rhyl, LL18 3DP.



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Please read the attached notes carefully before completing the form. Please write in ink and use BLOCK CAPITALS.

COUNCIL TAX REFERENCE NO:- _____

ADDRESS:- _____

HOUSEHOLD DETAILS:

1. PLEASE STATE THE NUMBER OF PEOPLE WHO ARE AGED 18 OR OVER AND RESIDENT IN YOUR HOUSEHOLD IN ADDITION TO YOURSELF:- _____

2. PLEASE STATE THE NAMES AND DATES OF BIRTH OF ALL MEMBERS OF YOUR HOUSEHOLD WHO ARE PRESENTLY 16 OR 17 YEARS OLD:-

NAME _____ DATE OF BIRTH _____

DETAILS OF THE PERSON(S) IN RESPECT OF WHOM CHILD BENEFIT IS PAYABLE

Surname	First Names	Date of Birth	DSS Allowance Number	Date Child Benefit ends
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***** PLEASE SEND A COPY OF YOUR LATEST AWARD NOTICE *****

DECLARATION

I declare that the details provided above are true and accurate to the best of my knowledge and belief. I undertake to notify the Head of Revenue Services as soon as child benefit ceases to be paid in respect of the person(s) named above.

SIGNATURE

NAME (BLOCK CAPITALS)

DATE

