

# COUNCIL TAX DISCOUNT OR EXEMPTION APPLICATION FORM (Occupied property)



PROPERTY REFERENCE NUMBER

ACCOUNT NUMBER

If you require any help in completing this form, please telephone Customer Advice & Support on

**0300 100 1800**

or visit any Council Contact Centre/Library Contact Centre where our staff will be pleased to give you confidential assistance.

## INTRODUCTION

The basic level of Council Tax for a property assumes two adult residents. Certain people are not included (i.e. they are disregarded) when counting the number of adult residents. If there are two or more adults resident in the property and none of them qualify to be disregarded, no discount can normally be allowed. A discount of 25% may be granted when there is only one adult resident, or only one who is not disregarded. If all the residents are disregarded, a 50% discount can be awarded.

Please complete this form **USING BLOCK CAPITALS** and return it without delay to the address shown overleaf.

## THE PROPERTY

1. What is the address of the property in respect of which the discount or exemption is claimed?

2. Who owns the Property?

3. Who is the tenant (if any)?

4. Are you required to live in the above property as a condition of your/your partner's job including Armed Forces Personnel (known as "tied accommodation")?

Yes

No

a. If Yes give the address of your sole or main residence

b. And the reason(s) why you live in tied accommodation

c. Is the tied accommodation provided by your/your partner's employer?      Yes       No

**ABOUT THE RESIDENTS**

Please enter the names of **ALL** the residents aged 17 or over in the property (including yourself). Paragraph 5 of the notes later in this form details the circumstances in which people may be disregarded for discount purposes. If you think any of the residents (including yourself) in your property should be disregarded please indicate the reason opposite their name.

NAME	REASON FOR DISREGARD (IF APPROPRIATE)	DATE OF BIRTH (IF AGED 17)

If you are the only adult resident over 18 in the property please tick  and state the date on which you became the only resident.

Please detail below anything else you consider relevant to your application.

## EVIDENCE

Paragraph 5 of the notes later in this form details information/supporting documentation which should be submitted in support of each disregard claimed. Please enclose the appropriate letters, certificates, etc. with this form. If you require a certificate for a doctor/medical practitioner to complete, this can be downloaded online, by calling 0300 100 1800 or by contacting your local Council Contact Centre/Library Contact Centre.

## YOUR DETAILS

Name	<input type="text"/>
Date of birth	<input type="text" value="/"/> / <input type="text" value="/"/>
Correspondence address	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

## DECLARATION

I declare that to the best of my knowledge the information given is true and complete. I authorise Scottish Borders Council to undertake such enquiries it considers appropriate to verify this claim. I undertake to advise the Council of any change of circumstances which may affect eligibility including the arrival of new residents and whether any existing resident moves from the property or their status as outlined above changes.

I understand that Scottish Borders Council is registered under the Data Protection Act. The Council is under an obligation to properly manage public funds. Accordingly, information I provide to the Council, and held in the Council's computer systems, will be used to prevent and detect error and fraud, and may also be shared for the same purpose with public bodies or other organisations which handle public funds.

I claim a Council Tax discount or exemption.

YOUR SIGNATURE

DATE

To find out how we will process and use your personal information in connection with this request please see our Privacy Notices at [www.scotborders.gov.uk/CASSPrivacyNotices](http://www.scotborders.gov.uk/CASSPrivacyNotices)

If you would like a printed copy you can contact us via telephone on **0300 100 1800**.

When completed, this form should be returned to

**Scottish Borders Council  
Customer Advice & Support Service  
Council Headquarters  
Newtown St. Boswells  
Melrose TD6 0SA**

**Did you know this form is available to complete online? To complete online visit our website [www.scotborders.gov.uk](http://www.scotborders.gov.uk)**

## COUNCIL CONTACT CENTRES/LIBRARY CONTACT CENTRES

You can find out the opening times from our website at [www.scotborders.gov.uk/contactcentres](http://www.scotborders.gov.uk/contactcentres) or by calling 0300 100 1800 and following the appropriate instructions. They are also displayed at each office.

**Coldstream**, Library Contact Centre, Gateway Centre  
**Duns**, Library Contact Centre, 49 Newtown Street  
**Eymouth**, Old High School, Coldingham Road  
**Galashiels**, Paton Street  
**Hawick**, High Street

**Innerleithen**, Library Contact Centre, Buccleuch Street  
**Jedburgh**, Library Contact Centre, Castlegate  
**Kelso**, Library Contact Centre, Bowmont Street  
**Peebles**, High Street

## CIRCUMSTANCES IN WHICH THE APPLICATION IS BEING MADE

1. The basic level of Council Tax for a property assumes two adult residents. Certain people are not included (i.e. they are disregarded) when counting the number of adult residents. If there are two or more adults resident in the property and none of them qualify to be disregarded, no discount can normally be allowed.

Please note that a person who would normally be resident but due to other circumstances spends time away from home may still be deemed as resident for Council Tax purposes.

2. A 25% discount may be granted if
  - (a) there is only one adult resident in the property and he/she does not qualify to be disregarded, or
  - (b) there are two (or more) adults resident in the property and all of them except one qualifies to be disregarded
3. A 50% discount may be granted if
  - (a) all of the residents qualify to be disregarded (see section 5 below), or
  - (b) you are required to live in the housing as part of your job, but your main residence is elsewhere (includes Armed Forces Personnel)

In (b) above, the discounts do not apply to any Water/Waste Water charges that may be included in you Council Tax bill.

4. An exemption will be granted if you are the only occupant under the age of 18 in the property or all occupants are under 18.
5. The following people qualify to be disregarded when counting the number of adult residents:-

### Reason for Disregard

- (i) The person is in prison (or other detention by Court Order).
- (ii) The person is severely mentally impaired **and**  
**Either**  
is in receipt of one of the Benefits stated opposite  
Or  
is the partner of someone in receipt of JSA which includes a premium for incapacity for work.

### Supporting Information/documentation required

- Letter from a solicitor, the courts or the prison confirming
- (a) the date of committal
  - (b) length of sentence
  - (c) nature of offence.
- Certificate from doctor (available on page 7)
- And**
- Photocopy (or other confirmation) of the award of one of the following Benefits:-
- (a) Incapacity Benefit
  - (b) Employment and Support Allowance
  - (c) Attendance Allowance
  - (d) Severe Disablement Allowance
  - (e) the care component of a Disability Living Allowance ("higher" or "middle" rate)
  - (f) daily living component of Personal Independence Payment
  - (g) increased Disablement Pension due to constant attendance need
  - (h) a Disabled Person's Tax Credit
  - (i) Unemployability Supplement/Allowance
  - (j) Constant Attendance Allowance
  - (k) Income Support or Pension Credit which includes a disability premium
  - (l) partner's JSA which includes incapacity premium
  - (m) Universal Credit with Limited capability for work or work-related activity element
  - (n) daily living component of Adult Disability Payment

(iii) The person is a student/student nurse.	Certificate from the educational establishment confirming their student status (available on page 8)
(iv) The person is an apprentice.	Letter from their employer confirming (a) period of apprenticeship (b) the qualification being undertaken (c) the person's wage/salary (d) the wage/salary payable on qualification.
(v) The person is on a Youth Training.	Certificate or letter from training provider confirming the Scheme undertaking of training under arrangements that constitute an approved training scheme as defined in section 28 (6) I or the Social Security contributions and Benefits Act 1992.
(vi) Long-term patients in hospital or residential care homes or nursing homes or hostels.	Letter from a doctor confirming that the person is unlikely to return home. The letter should also confirm the date the person entered the hospital or home and give an indication of the person's illness.
(vii) The person is a Care Worker. A Care Worker is someone who provides care or support (for an average of at least 35 hours per week) but cannot include one of a couple living together giving care to their partner. It also does not include a parent providing care to a child under 18.	Letter confirming (a) the name of the person being cared for (b) number of hours care is provided (c) salary received (if any) (d) the address at which care is being given (e) the relationship between the person giving and receiving care (if any) (f) the nature of any State Benefits received by the person being cared for.
(viii) The person has no income or capital of his own and is a member of a religious community whose principal occupation is prayer <b>and/or</b> contemplation <b>and/or</b> education <b>and/or</b> relief of suffering, and the person is dependent on that community for his material needs.	Letter from the religious community confirming the conditions detailed opposite apply.
(ix) The person is aged over 18 but under 20 and on 30 April previously was a student undertaking a qualifying course of education (including attending school). Disregard can be allowed for the period 1st May to 31st October.	Letter confirming (a) school/college attended (b) course undertaken (c) date of leaving school/college.
(x) The spouse or dependent of a student who are not British citizens and are prevented from working or claiming benefits in the U.K.	Passport Certificate from the educational establishment confirming their student status (available on page 8).
(xi) Person who is in military detention (this must be for a period of more than 48 hours and does not relate to custody under open arrest).	Letter confirming the person is being detained under (a) The Army Act 1955 (9) <b>OR</b> (b) The Air Force Act 1955(10) <b>OR</b> (c) The Naval Discipline Act 1957 (11) <b>AND</b> details of the period of the detention.
(xii) The Person is a "Care Leaver" A "Care Leaver" is a person who: (a) is at least 18 years of age but not yet 26 years of age; (b) was being looked after by the Local Authority on their 16th birthday or at any subsequent time thereafter; (c) is no longer looked after by a Local Authority.	You will need to provide a letter from the Local Authority who looked after you which confirms:  you were being looked after by them, the date you entered and left care and your date of birth.  The reference to "looked after" is to be construed in accordance with sections 17(6) (duty of local authority to child looked after by them) and 29(7) (after-care) of the Children (Scotland) Act 1995.

# Council Tax - Doctors Certificate

(To be completed by a registered medical practitioner)



I confirm that, in my opinion, the applicant suffers from the following condition (please give name and details of how the illness causes a permanent severe impairment of intelligence and social functioning).

Council Tax Acc No.

Name of Applicant

Address of Applicant

Name of Condition

**Details of how this condition affects the applicant's intelligence and social functioning:**

In signing this form you are certifying that this condition causes a permanent severe impairment of intelligence and social functioning.

To my knowledge this condition has existed since            /            /

To my knowledge this condition has permanently affected their intelligence and social functioning since    /            /

Doctor/Medical Practitioner Signature

Print Name

Telephone Number

Date        /            /

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Newtown St. Boswells  
Melrose TD6 0SA**

Doctors Practice Stamp:

# Council Tax - Student Certificate



Name of College/University attended

Address of College/University

Telephone Number

THIS IS TO CERTIFY THAT THE UNDERNOTED PERSON IS UNDERTAKING, OR ABOUT TO UNDERTAKE, A FULL-TIME COURSE OF EDUCATION WITHIN THE ABOVE NAMED EDUCATIONAL ESTABLISHMENT AND SATISFIES THE REQUIREMENTS LAID DOWN IN THE LOCAL GOVERNMENT FINANCE ACT 1992 (SCHEDULE 1 PARAGRAPH 4).

### SESSION

Student I.D. \_\_\_\_\_

Name and Address: \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_

Course Code & Title \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Certified \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Any enquiries should be directed to your Council Tax Officer.

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Official Stamp: