

MERTHYR TYDFIL COUNTY BOROUGH COUNCIL

Council Tax Section
Civic Centre
Castle Street
Merthyr Tydfil
CF47 8AN
Tel : (01685) 725392/393

COUNCIL TAX - APPLICATION FOR DISCOUNT

Please complete this form if you think you may be eligible for a discount.

CAN I GET A DISCOUNT ? - The size of your Council Tax Bill will depend on the value of your home. However, some people may be eligible for a discount on their bill. To decide whether you qualify for a discount you should count up the number of adults who live in your home. Do not count anyone who is :

- * a school or college student, student nurse, apprentice or YT trainee;
- * exempt because of a severe mental impairment or for another reason e.g., caring for someone with a disability.

If the number of adults is less than two a discount may apply.

THE ABOVE IS FOR YOUR GUIDANCE ONLY. WHEN COMPLETING SECTION 1 PLEASE INCLUDE EVERYONE OVER THE AGE OF 18 EVEN IF YOU THINK THEY MAY BE ENTITLED TO BE DISREGARDED.

1	How many adults live in this dwelling ? Include yourself and anyone who is aged 18 or over. You should count only those adults who have their main home in the dwelling.	<input type="text"/>
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2	Is anyone 18 in the next 12 months ? If so what is their name:..... and date of birth :.....
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3	How many of the adults in 1 are :	<input type="checkbox"/> Students or Student Nurses	<input type="checkbox"/> Caring for someone with a disability, apart from a spouse living in the same household
		<input type="checkbox"/> YT Trainees	<input type="checkbox"/> Disregarded Person - See Explanatory Note 1 below
		<input type="checkbox"/> Apprentices	

4	<i>To be completed if this is your first application at this address</i> When do you require discount from If it is before the date of applying please enclose a letter explaining why you require your discount to be backdated and why you did not apply at the time the discount was needed
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I declare the information above is correct to the best of my knowledge and I understand that the information may be held on computer and is covered by the Data Protection Act 1984.

5	Full Name : <input type="text"/>	Signed : <input type="text"/>	Date : <input type="text"/>
	Address : <input type="text"/>		

Note 1 - The following groups are disregarded:

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| <input type="checkbox"/> severely mentally impaired people | <input type="checkbox"/> patients in care home |
| <input type="checkbox"/> prisoners - please state name of Prison and Prison Number :
..... | <input type="checkbox"/> care workers |
| <input type="checkbox"/> 18 year olds in respect of whom child benefit is paid | <input type="checkbox"/> residents in certain hostels |
| <input type="checkbox"/> 18 and 19 year olds on further education courses which are not job related | <input type="checkbox"/> members of religious communities |
| <input type="checkbox"/> members of international headquarters & defence organisations | <input type="checkbox"/> school leavers - Date left school |
| | <input type="checkbox"/> hospital patients |

If after you have returned this form there are any changes to the information provided, you must inform the Council Tax Section at the address above.