



Guildhall
Marshall's Yard
Gainsborough
DN21 2NA
Telephone: (01427) 676676
Fax: (01427) 675173
Web: www.west-lindsey.gov.uk

CHILD BENEFIT /SCHOOL LEAVER

The full Council Tax is made up of a property element (50%) and a person element (50%). The full charge assumes that there are two (or more) adult occupiers and if there is only one adult occupier a discount of 25% may be claimed.

Certain people are 'disregarded' for Council Tax purposes – that is, they are treated as if they are not resident, which can result in a discount.

A person normally resident in the property who is between the age of 18 and 20 is disregarded if:-

- ◆ someone is entitled to receive Child Benefit on their behalf
- ◆ they are imprisoned or detained in legal custody or in Local Authority care and because of that detention is not entitled to Child Benefit for that period
- ◆ they leave school or college between 1st May and 31st October in any year with a view to going onto further education

IN ORDER THAT A DISCOUNT CAN BE CONSIDERED, PLEASE COMPLETE THE FORM OVERLEAF AND RETURN TO THE ABOVE ADDRESS

Data Protection – We are asking for this information in accordance with the provisions of the Council Tax (Administration & Enforcement) Regulations 1992 (Reg. 3) and the Data Protection Act 1998, S.29. It will be used to help us determine your liability for and collect your Council Tax. It may be shared with other sections of this Council, with other Councils and with other public bodies to determine eligibility for Housing Benefit, liability for Council Tax, to collect Council Tax, to assess and collect other Taxes and Duties, to help detect and prevent fraud, to help detect and prevent crime and to carry out public duties.

PLEASE COMPLETE THIS FORM IN BLACK INK

Total number of adults aged 18 or over who live in this property.

Name of the person to be considered for disregard.

Date of birth of the above person.

1 Is Child Benefit in payment?

YES/NO

(If **YES** please provide proof i.e. your most recent award letter or Bank/Building Society or Post Office Statement)

If **NO** please state reason for non payment.

2 Date Child Benefit ceased or ceases to be payable

Name and address of School/College

Last date of attendance

DECLARATION AND SIGNATURE

WARNING: Deliberately giving false information could lead to prosecution

I declare that the information I have given on this form is complete and accurate to the best of my knowledge and I understand that West Lindsey District Council may check the information given.

Signature

Date

Full name in capitals

Contact telephone No.