

## COUNCIL TAX - DISCOUNT APPLICATION FORM

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			Please complete this for FINANCE & PROCURE TOWN HALL NUNEATON WARWICKSHIRE CV11 5AA Telephone: (024) 7637 Email: billing.section@r	MENT
Account num	nber:		Date of issue	:
Name:				
Property Add	lress:			
		w <u>all</u> residents in the prop		
Title:	Forename	e(s):	Surname(s):	Date of Birth:
PART 2: If yo		ing for the discount due to	o someone leaving the propert	y, please provide the
Name:		New Address:		Date vacated:

PART 3: If any of the people (aged 18 or over) living in the property fall into one of the categories below, you may qualify for a discount.

Any residents under the age of 18 will automatically be disregarded for council tax purposes.

A. Child Benefit is payable for B. School Leaver C. Member of Religious Community	
C. Member of Religious Community	
D. Severely Mentally Impaired	
E. In Detention/Prisoner	
F. Care Worker	
G. In Residential Care	
H. Hospital In-Patient	
I. Apprentice/YTS Trainee	
J. Student Nurse	
K. Student	
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discounts.

For further information regarding the above discounts, please visit contact our offices on 02476 376 534, or visit our website at www.nuneatonandbedworth.gov.uk.

Trate in leader committee date you wish and discount to apply from	PART 4: Please confirm the date you wish the discount to apply from.	
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This may be the date the additional resident vacated, the date you have moved into your property or the date the additional residents may qualify for the above discount.

I declare that the information given above is correct to the best of my knowledge and belief.				
Signed:	Name (BLOCK LETTERS):			
Tel:	Date:			
E-mail:				

IMPORTANT: You must notify Finance and Procurement if the above circumstances change. If you fail to do so, you may be subject to a penalty of £70.