

Council Tax - Discount / Exemption Application Form



Revenues Section; Maidstone House, King Street, Maidstone,
Kent ME15 6JQ

Minicom (for text only telephones): 01622 602224

Addressee

Date of Issue	Telephone Contact Number
	01622 602003
Account Reference	Property Reference

Property Address:

This form should be used if you wish to claim a discount for living on your own or if you believe you are entitled to an exemption from council tax. Please put a cross in the appropriate box and provide any information where requested.

1. Is the property OCCUPIED YES NO
 If the answer is NO and the property is not occupied, **please provide details of the owner at the bottom of the page overleaf and sign the declaration below**

2. Are you the only person over age 18 living at the property? YES NO

If the answer to question 2 is YES, please enter the date that you started living at the property on your own and then sign the declaration at the bottom of this page.

Date from which you started living there on your own: _____

If the answer to question 2 is NO, please continue to read this form and see the information given overleaf as you might be entitled to receive some other allowance.

The occupation of people who fall within one of the groups shown overleaf may not be taken into account when deciding who is in occupation of the property for council tax purposes and their occupation will be ignored if they meet the criteria. If you think that anyone who is over the age of 18 who also lives with you at the property falls into one of the exemptions listed overleaf, please put a cross in the appropriate box and give the name(s) of the individual(s) concerned. You may be asked to provide documentary evidence to support your application if you have claimed that someone else who lives with you and is over the age of 18 meets one of the exemptions applied for overleaf. Please telephone us on 01622 602003 if you need any assistance or require any further information.

Please complete and sign the declaration at the bottom of this page and return this form to Maidstone Borough Council, The Revenues Section, Maidstone House, King Street, Maidstone, Kent ME15 6JQ. If you qualify for a discount, an amended bill will be sent. If you do not qualify, we will write to you and confirm this within 4 weeks of your application being received. PAYMENT SHOULD BE MADE ON THE BASIS OF YOUR EXISTING ACCOUNT unless or until you receive an amended one.

I wish to claim a discount or exemption as noted on this application form.

Name (BLOCK CAPITALS please)

SIGNATURE: DATED:

Please put a cross in the appropriate box and give the name(s) of the individual(s) concerned IF:

- A. you are not the only person over the age of 18 who lives at the property, but wish to claim an exemption because the other occupier(s) fall(s) into one of the following groups of people; OR
- B. the property is not occupied by anyone other than by a person who falls within one of the following categories and can therefore claim an exemption.

Then complete and sign the declaration at the bottom of the page overleaf and return the form to the council.

Category of Exemption Indicate Category Claimed

- | | | |
|-----|--|--------------------------|
| 1. | Persons in Dentention (prison)
(Except for Non Payment of Fines or Council Tax) | <input type="checkbox"/> |
| 2. | The Severely Mentally Impaired | <input type="checkbox"/> |
| 3. | Persons over age 18 for whom Child benefit is still payable | <input type="checkbox"/> |
| 4. | Students over age 18
(A certificate confirming the course and period will be required from the student's college or university) | <input type="checkbox"/> |
| 5. | A person who permanently lives in a NHS/Military Hospital | <input type="checkbox"/> |
| 6. | A person who permanently lives in a Nursing or Care Home | <input type="checkbox"/> |
| 7. | A person who permanently lives with you as your carer | <input type="checkbox"/> |
| 8. | A person who lives in a Hostel | <input type="checkbox"/> |
| 9. | A person who is a member of an INTERNATIONAL HQs and Defence Organisation | <input type="checkbox"/> |
| 10. | Member(s) of a Religious Community | <input type="checkbox"/> |
| 11. | An 18 or 19 year old who is / was undertaking a course of education on 30 April. Please give the person's date of birth if it is between 30 April and 30 October | <input type="checkbox"/> |

Name: _____ Date of Birth: _____

Please provide the NAME of any person(s) for whom any EXEMPTION is claimed:

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DATE from which the EXEMPTION is claimed:

IF THE PROPERTY IS NOT OCCUPIED - If NO-ONE is living at the property, please give the name and address of the owner/leaseholder of the property to whom any future correspondence and / or the bill should be sent:

Name:

Address:

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Please ensure that you have completed and signed the declaration at the bottom of the page overleaf.