

Corporate and Community Services

Director: Caroline Innes

211 Main Street, Barrhead, G78 1YF

Phone: 0141 577 3002 Fax 0141 577 3255

Email: ctax@eastrenfrewshire.gov.uk

When calling please ask for: Customer Services

Our Ref: WEBFORM



Name:

Address:

COUNCIL TAX DISCOUNT

The Council Tax due on a property may be discounted to reflect the personal circumstances of the adult residents. Such a reduction will apply where less than two adults are resident in the property. For the purpose of the reduction adults who meet the under noted qualifying conditions shall be disregarded when counting the number of adults in the house.

If you want to apply for discount please provide the information requested overleaf, sign the declaration and return the form to the above address.

QUALIFYING CONDITIONS : RESIDENT OF A HOSTEL/ NIGHT SHELTER

A person who has their sole or main residence in a hostel or night shelter where the accommodation is:

1. Not in separate and self-contained sets of premises.
2. For persons of no fixed abode and no settled way of life.
3. Provided under a licence to occupy which does not constitute a tenancy.

Our Service Standards:	>	<i>We will reply to all mail within 20 working days.</i>
	>	<i>We will determine all requests for discounts/changes in circumstances and issue a revised bill within 20 working days.</i>
	>	<i>We will update the customer's account within 2 working days of payment at a council office or within 2 working days of notification being received from the council's bankers or Girobank</i>
	>	<i>We will ensure that all residents are notified within six weeks of a missed payment.</i>

DISCOUNT : RESIDENT OF HOSTEL/ NIGHT SHELTER

SECTION 1 : TO BE COMPLETED BY A LIABLE PERSON

I apply for discount on the basis that

Name
meets the qualifying conditions noted overleaf.

The date these circumstances took effect / /

The number of adults (including the above named) resident in the house at the above date is

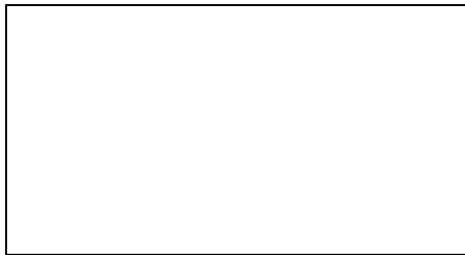
The number of adults (including the above named) usually resident in the house is

SECTION 2 : TO BE COMPLETED BY HOSTEL/ NIGHT SHELTER ORGANISER

I confirm that the above person stayed at this hostel/ night shelter

From/...../..... until / /

Hostel Stamp



Signed

Position

Date : / /

DECLARATION

I declare that the information on this form is true and complete and I authorise East Renfrewshire Council to verify the details.

I will notify within 21 days any change in circumstances which may affect my liability e.g. discount status no longer applies to the person named in Section 1, or the number of adults in the house increases.

I understand that failure to provide this information is an offence which may make me liable to an initial fine of £50 and £200 for each subsequent offence.

Signature of Liable Person **Date** / /

Daytime Tel Number: **Email Address:**
(You do not have to tell us these but it may help us deal with your discount application quicker)