

## Council Tax Care Leavers - Discretionary Reduction Application

In order to be considered for a discretionary reduction the person must be a care leaver under the age of 25 who is paying Council Tax or living with someone who pays Council Tax and was looked after by Hampshire County Council.

To apply please complete this form in full and ask you care worker to complete part three. Please email or post to the above address.

### Part One: About You.

Your name:	
Date of Birth:	
Your address:	
Your Council Tax Account Number	

### Part Two: Other discounts I may be entitled to.

Number of adults, including you, aged 18 years or over living in the property	
I wish to apply (or have already applied) for a sole occupancy discount	Yes / No / N/A
I am a full-time student and wish to apply (or have already applied) for a student disregard	Yes / No
I am in receipt of an out-of-work benefit or have a low income and wish to apply (or have already applied) for Council Tax Reduction.	Yes / No

### Your declaration:

I wish to apply for a council tax Care Leaver's discount. I understand the following:

- My information will be cross-checked with social care records to confirm entitlement.
- Details of the discount, including the reason, will be shown on my council tax bill.
- I must notify Hart District Council, within 21 days if: I move address; or as a result of a change in my circumstances, I no longer qualify or will be entitled to less discount.
- I may be fined if I fail to promptly report a relevant change in my circumstance.
- I have the right to withdraw my consent to receive this discount at any time.

I declare that the information I have given on this form is correct and complete

<b>Signature</b>		<b>Date</b>	
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**Part Three: (to be completed by your Support Worker/Appointee)**

By noting the below and signing this form you are confirming that the person named in Section 1 meets the criteria in the policy for the Care Leaver's Discount Scheme  
I confirm that: -

- a) The person named in Section 1 is a Care Leaver as defined by The Children Leaving Care Act 2000.
  
- b) The person named in Section 1 has applied for any relevant national reliefs, exemptions or discounts.
  
- c) The person named in Section 1 is a Hampshire County Council Care Leaver and is currently residing in the Hart District Council area.
  
- d) The person named in Section 1 is between 18-25 years old.
  
- e) I confirm that the person named in Section 1 was in the care of Hampshire County Council for at least 13 weeks since the age of 14 and that they were in care on their 16<sup>th</sup> birthday.

If you are able to confirm all of the above, please complete and sign below.

Name:		Title:	
Signature:		Date:	
Contact Phone Number		Contact Email Address	