COUNCIL TAX CARE LEAVERS APPLICATION



Mae'r ddogfen yma hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Your address:

Revenue Services County Hall Mold Flintshire CH7 6NA

Telephone Number: (01352) 704848

If you need to contact us, please quote your:-

Account Reference Number

Dear Sir/Madam,

From 1st April 2018, care leavers are exempt from paying Council Tax. If a care leaver now lives alone or in a property that is wholly occupied by care leavers, a Council Tax exemption will apply.

If a care leaver now lives with one other adult, a Council Tax discount of 25% will apply. If there is more than one other adult living with a care leaver, there is still a possibility that a Council Tax discount of 25% may apply depending on the circumstances of the other adults in the property.

Please complete this form in **BLACK INK** and return to the above address as soon as possible.

If you need any help or advice to complete this form, you are welcome to visit on of our Connects Centres in Buckley, Flint, Connahs Quay, Mold or Holywell (opening times as advertised).

A GROUNDS FOR APPLICATION

To qualify for discount/exemption, certain conditions must be fulfilled as follows:-

- (a) Aged at least 18 years but not yet 26 years of age
- (b) Was looked after by a local authority on, or at any subsequent time after their 16th birthday
- (c) no longer looked after by a local authority

В	RESIDENTS

Please list below all residents of your property aged 18 years or over:-

TITLE	FORE (OR CHRISTIAN) NAMES	SURNAME

С	DETAILS OF CARE LEAVER					
	Name					
	Any other names you have been known by					
	Date of birth					
	Approximate dates you were looked after by a local authority					
	Name of the local authority that looked after					
	you					
D	GIVING PERMISSION					
	Permission to contact care provider:					
	I hereby authorise the Council Tax Team to contact Flintshire County Council Social Services or the care provider at another Council to confirm my eligibility to a care leavers discount or exemption.					
	Signed	Dated				
E	DECL	ARATION				
	I declare that the information provided on t belief	his form is correct to m	y knowledge and			
	Signed	_ Dated				
	Would you like to receive your council tax bill by e-	mail?	Yes* No			
	*E-mail address:					
	L-IIIaii audiess.					
	NB You must notify the Council Tax Section of this application for discount.	f any change in circumsta	nces which may affect			

If you feel that Flintshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or by calling their helpline on 0303 123 1113.

For further information about how Flintshire County Council processes personal data and your rights, please see our privacy notice on our website – http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx