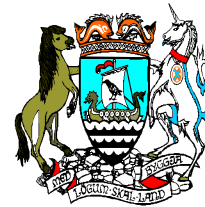


COUNCIL TAX DISREGARD APPLICATION FORM

SHETLAND ISLANDS COUNCIL

Finance

Charlotte House
Commercial Road
Lerwick
Shetland
ZE1 0LX



Tel: (01595) 744683 (Direct Line)

The person liable to pay the Council Tax must complete this application form.
Please refer to the enclosed guidance notes, before completing this form.

SECTION A: Account and property details

Property Reference _____ Account Reference _____

Address of property for which disregard if applied for. (if different from above).

SECTION B: Property occupancy details and disregard effective date(s)

1. Disregard/s Number/s being claimed (**Refer to Guidance Notes**)

2. Name of person claiming to be disregarded

3. Please enter the applicable date(s) from which the disregard will apply in the box below:

4. How many people, aged 18 years or over use the property as their sole or main residence?

5. Please supply the full names of all people who use the property as their sole or main residence and who are over 18 years old.

Please Turn Over

SECTION C: Categories of persons disregarded

1. Does any person whose sole or main residence is the property mentioned overleaf fall into any of the listed categories? (If yes, please refer to the guidance notes under Section C):

Delete as appropriate

- | | |
|---|--------|
| 1. Students (see note 1) | Yes/No |
| 2. Student Nurses (see note 2) | Yes/No |
| 3. School leaver under 20 years of age and about to begin a College or University course (see note 3) | Yes/No |
| 4. Persons 18 years of over for whom Child Benefit is payable (see note 4) | Yes/No |
| 5. Youth Training Trainees (see note 2) | Yes/No |
| 6. Apprentices earnings less than £195 per week gross (see note 6) | Yes/No |
| 7. Persons in Detention (see note 7) | Yes/No |
| 8. Persons who are severely mentally Impaired (see note 8) | Yes/No |
| 9. Persons receiving long term care in a Residential Care Home or Hospital (see note 8) | Yes/No |
| 10. Unpaid Care Worker, who resides with a person requiring care (other than spouse or children under 18 years of age) for at least 35 hours per week (see note 9) | Yes/No |
| 11. Paid Care Worker, earning not more than £44 per week, who provides care or support to a person(s) for at least 24 hours per week (see note 10) | Yes/No |
| 12. Members of a Religious Community (see note 11) | Yes/No |

2. If you have answered yes to any of the above, please provide the additional information required per the guidance notes in the box below:

We may check information that you have provided or that has been provided about you against relevant information that we already hold to make sure that it is accurate. We may also lawfully disclose information to other public sector agencies to:

- Prevent or detect benefit fraud and any other crime
- To support national fraud initiatives
- To protect public funds

Declaration: -

I declare that the information given on this notification is to the best of my knowledge correct, and I undertake to notify Shetland Islands Council Finance Services immediately if circumstances or the occupancy of the dwellings change.

Signature _____

Date _____

Contact / Caller* Name _____

Telephone Number _____

Finance Use

By Telephone (tick) Date Entered _____ Initials _____

Assessors Notification Ref. _____