

**NOTES FOR GUIDANCE ON THE COMPLETION
OF THE DISREGARD APPLICATION FORM**

Certain Persons will be disregarded when counting the number of adults living in a house and these are listed in Section C of the application form. In order to determine whether or not you are entitled to a disregard, it is important to provide as much information as possible about the people who are normally resident in the house.

These notes are provided to assist you in the completion of the various sections of the form and also to indicate the additional information you must provide before your application can be processed.

SECTION A - Please enter a contact name and telephone number. Also provide the address if applicable.

SECTION B - The number of residents and their names should be given. The applicable date of the disregard should also be entered.

SECTION C - The following information should be given in Section C.2 of the application form.

(1) Persons who are students

- (a) The name of the student
- (b) Name and address of the College/University attended
- (c) Name of the course being undertaken and the applicable course dates
- (d) A letter from the College/University confirming the above

(2) Persons who are Student Nurses or Youth Training Trainees

- (a) The name of the Student or Youth Training Trainee
- (c) The name of the course being undertaken
- (d) Name and address of employer
- (e) Course commencement and cease dates
- (f) A letter from the organisation or company confirming the above

(3) Persons who are school leavers under 20 years of age and about to begin a College or University course.

(4) School leavers will be disregarded for the period after 30 April and before 1 November in any year

- (c) The name and Date of birth of the school leaver
- (d) Date of leaving School
- (e) Start date and College/University
- (f) End date of course is known

(4) Persons 18 years or over for whom Child Benefit is payable

- (a) The name of the Child
- (b) The date on which Child Benefit will cease.

(5) Persons who are employed as Apprentices earning less than £195 per week gross

- (a) The name of the person
- (b) The name and address of the employer
- (c) An employers certificate, stating what apprenticeship is being undertaken and what qualification will be achieved.
- (d) Also the gross weekly income and the commencement and cease dates of the apprenticeship.

CONTINUED OVERLEAF

Section C (Cont) – The following information should be given in section C.2 of the application form

(6) Persons in Detention

- (a) The name of the person
- (b) The date on which the person was detained
- (c) The expected release date
- (d) A certificate from the place of detention

(7) Persons who are Severely Mentally Impaired

- (a) The name of the person
- (b) Please state which of the allowances are received:- Incapacity Benefit, Attendance Allowance, Severe Disablement Allowance, the care component of Disability Living Allowance payable at the Higher or Middle rate (Lower rate does not qualify), Disabled Persons Tax Credit, Unemployability Supplement, A Constant Attendance Allowance or Unemployability Allowance.
- (c) Date on which allowance(s) commenced
- (d) A letter from a registered medical practitioner confirming the applicable date from which the person is considered to be Severely Mentally Impaired

(8) Persons receiving long term care in a Residential Home or Hospital

- (a) Name of the person
- (b) Name and address of residential home or hospital
- (c) Date admitted and care commenced

(9) 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

- (a) Name of the person providing the care
- (b) Date on which care began
- (c) Name of the person receiving the care
- (d) Please state which of the following allowances are received by the person receiving the care:- Higher Rate Attendance Allowance, the care component of Disability Living Allowance payable at the Higher Rate, Disability Pension increment or a Constant Attendance Allowance increment
- (e) Date the above allowance(s) commenced

(10) 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

- (a) Name of the carer
- (b) Carer's address
- (c) Name of the relevant body, (i.e. Local Authority, the Crown, or Charitable Organisation), on whose behalf the care is being provided
- (d) Number of hours care is being provided
- (e) Date care commenced

(11) Members of a Religious Community

- (a) The name of the person
- (b) The name of the Religious Community
- (c) Confirmation that the applicant has no capital of his / her own, (disregarding any income by way of a pension in respect of former employment), and is dependant on the community to provide for his / her material needs.

SECTION D - Please read the declaration, then sign and date the form before returning it to Finance .

IF YOU HAVE DIFFICULTY IN COMPLETING THE APPLICATION FORM, PLEASE WRITE TO OR TELEPHONE THE LOCAL TAXATION SECTION, REVENUES, CHARLOTTE HOUSE, COMMERCIAL ROAD, LERWICK, SHETLAND ZE1 0LX - TELEPHONE (01595) 744683