

Shetland Islands Council



Revenues
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Lerwick
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local.taxation@shetland.gov.uk

Council Tax Discount / Exemption for Care Leavers

A discount may be available for those who were previously under the care of the local authority. The individual must have been in the care of a local authority on or after their 16th birthday and no longer be in the care of the local authority. A discount can apply from the age of 18 up to the day before their 26th birthday.

Discount / Exemption

- Dwellings occupied solely by care leavers are exempt whilst the above criteria is met.
- Where a care leaver lives with one other adult who is eligible to pay council tax, the household will receive a 25% discount.
- Where a care leaver lives with two or more adults who are eligible to pay council tax, no discount will apply.

PART A: Application for Discount / Exemption

Name of Council Taxpayer(s):

Address of property:

Postcode:

Council Tax Account Number:

Total number of adults living at this address:

Names of all adults living at this address:

Name:	Date of Birth:	Care-Leaver (yes/no):	Date moved in:

Please use the box below to provide additional information:

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PART B: Evidence in support of application

Do you consent for the Local Taxation Team to contact the SIC's Throughcare and Aftercare to confirm your eligibility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you were under the care of another local authority, please provide contact details for your Keyworker below and confirm your consent for contact to be made to confirm your eligibility:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	N/A <input type="checkbox"/>	

PART C: Applicant's declaration

I accept responsibility for the information given in this form, and declare that it is true and accurate to the best of my knowledge and belief.

I authorise the council to make any enquiries it considers necessary to verify the details of this claim.

I undertake to notify Shetland Islands Council Local Taxation Team immediately if circumstances or the occupancy of the dwellings change.

Name / signature:	Date:

Contact Telephone Number:	Contact Email Address:

Would you like to receive your council tax bills electronically to the above email address?

Yes No

When you have completed this form, please return to the address on page 1 of the application form.