

Explanatory Leaflet for Council Tax Discount and Exemption for Care Leavers

A care leaver may qualify for a council tax discount or exemption depending on the number of people living in a household. A care leaver is defined as a person who is:

* At least 18 years of age but not yet 26 years of age;
* Was, on that person’s sixteenth birthday, or at any subsequent time, looked after by a local authority; and
* Is no longer looked after by a local authority.

“looked after” is to be construed in accordance with sections 17(6) (duty of local authority to child looked after by them) and 29(7) (after-care) of the Children (Scotland) Act 1995(**a**).” Section 29(7) includes "looked after" by Local Authorities in England and Wales.

**Discount (25%)**

A care leaver is discounted from the number of adults living in a property. If after discounting a care leaver there is one liable adult resident in a household then Council Tax and water service charges will be reduced by 25%.

If a 25% discount is awarded then we will send a replacement Council Tax bill to the liable person showing the reduced sum due. If the application is unsuccessful then we will advise the liable person in writing or by email.

**Exemption (100%)**

Where a property is only occupied by one or more care leavers then an exemption will apply and Council Tax and water services charges will be reduced by 100%.

If you qualify for an exemption we will confirm the decision in writing or by email, you will not receive a Council Tax notice.

**How to complete this application form**

The person liable for Council Tax is required to complete Section 1, 3 and 4 of this application form. Section 2 to be completed by the care leaver and consent given to contact the Council’s Throughcare Service or another Local Authority to verify the information provided.

Once all sections are complete please return the form to the address shown below. We may request further information and will contact you by telephone, in writing or email as required.

If you have any questions regarding this application please telephone **01294 310000** or visit the public enquiry desk at Bridgegate House, Irvine from 9.00am to 4.45pm Monday to Thursday (4.30pm Friday) or use the Contact Us facility on the Council's web site.

#### **Review of the Discount**

The discount or exemption will continue for as long as the qualifying criteria is met and the Council will conduct an annual review. If there is a change of circumstances in the household then you must contact the Council immediately.

|  |  |
| --- | --- |
| Council Tax Reference No. |  |

* **Section 1: To be completed by the person liable for Council Tax. Please supply the following information in case we need to contact you regarding this application.**

|  |  |
| --- | --- |
| Daytime Telephone No. |  |
| Evening Telephone No. |  |
| E-Mail Address |  |
| Mobile Telephone No. |       | Please indicate if you would like to receive contact by text regarding your application. YES [ ]  NO [ ]  (please tick) |

* **Section 2 : To be completed by the person liable for Council Tax**

|  |  |
| --- | --- |
| What is your full name? |  |
| What is the full address including postcode of the property? |  |
| What is your full postal address including postcode for correspondence? (if different from above) |  |
| Please indicate the total number of persons aged 18 years of age or over resident in the house? |  |

* **Section 3 : To be completed by Care Leaver**

Privacy Notice and Fair processing of your personal data: The Council Tax Service need to share the information you provide below with the Council’s Throughcare Service or another Council’s Throughcare Service, and they will verify the details you provide in order for a discount or exemption to be awarded. Your data may be used for the National Fraud Initiative data matching exercise to prevent and detect fraud; your data will be retained for a maximum 6 years in accordance with the Council’s document retention policy. We need your permission to share your data, please read and sign the section below:

|  |  |
| --- | --- |
| Care Leaver’s Full Name |  |
| Care Leaver’s Date of Birth |  |
| Date you became a Care Leaver |  |
| Which Council provided care on or after your 16th birthday? |  |
| Permission to contact care provider:I hereby authorise the Council Tax Service to contact North Ayrshire Council Throughcare, Service or the care provider in another Council, to confirm my eligibility to a care leavers Discount or Exemption. Signed: ……………………………………………………….Date: ………………………………………………………….. |
| To be completed by North Ayrshire Council Throughcare Service or another local authority care provider.  |
| I can confirm that the person named in this section meets the definition of a care leaver for discount or exemption purposes.  | Signed: ………………………………….Position: …………………………………Local Authority: …………………………….Date: …………………………………….Contact email: …………………………………….. Contact telephone number: ………………………. |

* **Section 4: To be completed by the person liable for Council Tax**

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| Declaration |
| I declare that the information I have given in this form is correct and complete and I agree to notify you immediately of any changes that might affect my council tax. I understand that the deliberate provision of false information in order to achieve financial gain is a Criminal Offence and you may check the information with other sources as allowed by the law.I understand that any information I have provided will be used in the administration of my council tax account. You may give information to other parties if the law allows this. |
| Signature of liable person |  |
| Date |  |