



Local Taxation & Benefits Office,
P.O. Box 28,
Civic Centre,
Beecroft Road,
Cannock,
Staffordshire,
WS11 1BG

Property Ref.

Bill Ref.

Issue Date

Return By:

Helpline No.

(01543) 464285

COUNCIL TAX – SINGLE DISCOUNT REVIEW

Dear Sir / Madam,

You are currently in receipt of a Single Discount on your Council Tax on the basis that you are the only person over the age of 18 who is resident in the above property.

The Council is required to review entitlements to the 25% discounts annually. So that you can continue to be billed correctly, will you please confirm whether or not this situation has changed at any time since you were awarded your Single Discount by completing the application form overleaf and returning it to the above address.

If you still live alone and wish to renew your single discount, all you need to do is complete Section 1. If you are no longer the only resident over the age of 18 and wish to cancel your single discount, complete Section 2. In either case, sign and date the declaration where indicated in Section 4.

Failure to return the form by the above 'Return By' date will result in your discount being cancelled and any awarded discount recovered. A notice will be sent to you informing you of your increased payments.

If you require any further information or assistance in dealing with this matter, please contact my staff at the address shown above or ring the Helpline number.

Yours faithfully,

R. Wolfe
Local Taxation and Benefits Manager

RSDR

APPLICATION FOR RENEWAL OR CANCELLATION OF SINGLE DISCOUNT

Please complete in **BLOCK CAPITALS** in **BLACK INK**

RENEWAL OF SINGLE DISCOUNT

1. Name of applicant: (please delete as appropriate) Mr. / Mrs. / Miss / Ms.

I confirm that **I am the only resident** over the age of 18 at the address overleaf and that no other person aged 18 or over has lived at this address since I was awarded my Single Discount.

Please list below the names of all persons aged 17 or over who reside at the address overleaf. You must include anyone who lives away but who considers this property to be their main or family home. For example, students who are living away at college or university or persons who are working away either in this country or abroad. PLEASE NOTE THAT YOU DO NOT HAVE TO GIVE THIS INFORMATION BUT DOING SO MAY SPEED UP THE AWARD OF YOUR DISCOUNT.

Title	Surname	Forename(s)	Date of birth if aged 17	Tick if persons are students

(Please complete the Declaration below (Section 4) and return the form to the address shown overleaf)

CANCELLATION OF SINGLE DISCOUNT

2. Name of Applicant: (please delete as appropriate) Mr / Mrs / Miss / Ms

I confirm that **I am not the only resident** over the age of 18 at the address overleaf. The following person(s) moved in/reached the age of 18 as follows:

Full Name (Including title)	Date Moved in	OR	Date Aged 18

(Please complete the Declaration below (Section 4) and return the form to the address shown overleaf)

3. If you are **not currently** in receipt of one of the discounts or reductions shown below and you feel that you may qualify, tick as appropriate and further information will be sent to you.

- | | |
|---|---|
| Council Tax Benefit: <input type="checkbox"/> | Disabled Relief: <input type="checkbox"/> |
| Discount Disregards:- | |
| Students <input type="checkbox"/> | Student Nurses <input type="checkbox"/> |
| Patients Permanently resident in homes and hospitals <input type="checkbox"/> | Apprentice/YTS Training Trainees <input type="checkbox"/> |
| Carers and Caseworkers <input type="checkbox"/> | Severely mentally impaired <input type="checkbox"/> |
| | Prisoners <input type="checkbox"/> |

DECLARATION

I declare that the information stated above is true and accurate to the best of my knowledge and belief. I certify that I am the only resident aged 18 or over of the address overleaf and that I will inform the Council of any changes which may affect my discount such as when another person aged 18 or over moves into the property or a member of the household becomes 18. I also authorise the Council to verify any of the information in this application.

(Knowingly to provide false information will result in the imposition of a £70 penalty.)

Signed: _____ Full Name: _____

Date: _____ Contact No: _____