

John Chumbley IRRV (Hons)  
Revenues Manager



**Revenues**  
Phoenix House  
Phoenix Lane  
Tiverton  
Devon  
EX16 6PP  
[www.middevon.gov.uk](http://www.middevon.gov.uk)

Your  
MDDC Ref:  
Our Ref:

Contact: Customer First  
Telephone: 01884 255255  
Email: [revenues@middevon.gov.uk](mailto:revenues@middevon.gov.uk)  
Fax / DX:

Date

### **Council Tax Single Occupancy Discount**

If only one adult lives in a dwelling, as their main home, that person is entitled to a 25% discount from the full Council Tax charge from the date these circumstances apply.

If there is more than one resident in a dwelling you may also apply for a 25% discount providing the other adults in the property can be **disregarded** (i.e not counted) for Council Tax purposes. Please refer overleaf to part 3 to see if you qualify.

To enable me to determine/confirm your entitlement for ANY discount, please enter the details of ALL CURRENT occupants over the age of 16 below.

Full Name, title and previous address	Date moved in	Birth date (if under 18)	Disregard? Please tick

If you have indicated that any of the above should be **DISREGARDED** please complete the form overleaf.

Finally please give details of any adult (17 years and over) who has moved out within the last 12 months.

Full Name and title	Date moved out	Forwarding Address

SIGNATURE \_\_\_\_\_ CONTACT TEL: \_\_\_\_\_ DATE \_\_\_\_\_

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**Requests for alternative formats will be considered on an individual basis.**  
**Please telephone 01884 255255 or email [customerfirst@middevon.gov.uk](mailto:customerfirst@middevon.gov.uk)**

## COUNCIL TAX DISCOUNT CLAIM FORM

Certain groups of people may be disregarded (i.e. not counted) for Council Tax purposes and a discount may be allowed on your Council Tax account if the number of adults counted as living in the property is less than two. If you require help filling in this form or you require additional copies of the form, please contact Customer First helpline on 01884 255255.

1. Name of person you are claiming discount for \_\_\_\_\_
2. Name(s) or person(s) aged 16 or 17

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### 3. TYPE OF DISCOUNT CLAIMED

Please tick the appropriate box and then enter the information asked for in section 4 below. You will need to send in any documents asked for which will be returned as soon as possible, e.g. proof of Child Benefit, birth certificates, student certificates etc. Alternatively you may bring the required documents to either Phoenix House, Tiverton or the Council office in Market Street, Crediton to be photocopied.

#### YTS Scheme Trainee

Please supply birth certificate, the start date, expected end date of training, and address of training agent

#### School/College Leaver

Date full time course ended

#### Student/Project 2000/Student Nurse

Student Certificate and address of College or University **MUST** be supplied

#### Prisoner

Address of prison and dates of sentence

#### Age 18 & Child Benefit in payment

Please supply birth certificate, proof of Child Benefit, and expected end date

#### Religious Community Resident

Address of community, name of leader, and date of entry

#### Resident in Nursing or Care Home

Date of entry, expected length of stay and address of care home

#### Apprentice

Name and address of employer, start and end dates and 3 recent wage slips

#### Paid Care Worker

Please supply letter from your employer confirming conditions, your hours and salary received

#### Severe Mental Impairment

Certificate from your doctor confirming SMI, details of Benefits received

#### Care provider

Details of person you care for, including Relationship to you, proof of Benefits received by that person, and hours of care provided

#### Disabled Person

Please give County Council Registration number. Is a wheelchair used indoors? Is there a second bathroom or kitchen in use by the disabled person?

If you are on a low income, you may be entitled to help with your Council Tax. Please tick the box if you would like a Council Tax/Housing Benefit Application form to be sent to you

4. Please enter details requested above.

I undertake to notify you of any change in the above circumstances that may affect a reduction granted in respect of this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_