

Application for Discretionary Council Tax Relief

Care Leaver Scheme



Please read this form carefully and complete Sections 1 and 2. You must sign the form and then send it to the Council. If you do not do this, the Council will not be able to give you any financial support under this Scheme.

Section 1 – Applicants Details

Full name: _____

Date of Birth: _____

Address: _____

Date you moved in: _____

Does anyone else reside at the premises with you (Y/N)? : _____

If Y, please complete the below table.

Name	Relationship to you
For example "Joe Bloggs"	For example – "Brother"

Do you receive state benefits (Y/N)? _____

If Y, which benefits: _____

Declaration:

I confirm that I am a care leaver as set out in the Council's Discretionary Council Tax Relief Policy (Appendix 1) and the details above are correct.

I understand that it is an offence to supply false information and, if I do, it may result in any Council Tax Relief I receive being withdrawn and further action may be taken against me.

If I move home, I agree to notify Rhondda Cynon Taf CBC's Council Tax department.

Signed: _____ Date: _____

Contact Information

Tel No: _____

E-mail: _____

For office use only
CARELEAV / Ref No:

Date Received

Section 2 – Personal Advisor’s Details (please pass to your personal advisor for completion)

Name of Advisor: _____

Team/Place: _____

I have read the above information provided by _____ and confirm it to be complete and accurate.

I am aware that in my capacity as Personal Advisor and employee of Rhondda Cynon Taf CBC I am under a duty to notify the Council Tax department of any changes in the applicant’s circumstances that I am aware of and believe may affect their entitlement to this relief.

Signed: _____ Date: _____

More information about the Scheme is available here:

<https://www.rctcbc.gov.uk/EN/Resident/CouncilTax/Counciltaxdiscountsexemptionsandredutions/Counciltaxdiscountsexemptionsandreductions.aspx>

Please return this form to the following address:

**Council Tax Department
Ty Bronwydd
Porth
CF39 9DL**

**For office use only
CARELEAV / Ref No:**

Date Received