

Name & Address:

Please use capital letters

Customer Services Castle Point Borough Council

PO Box 15,

Thundersley, Benfleet, Essex SS7 1AY

Tel: 01268 882200 Fax: 01268 882409 DX: 39603 Hadleigh

Date:

Our Reference: WEB/

Please enter your Council Tax Reference

Number:

DISREGARDED PERSON FOR THE PURPOSE OF COUNCIL TAX 18 YEAR OLD IN RECEIPT OF CHILD BENEFIT

To claim Council Tax discount for a person who is 18 years old and for whom Child Benefit is payable, please complete this application form and return it to the above address. Details of the conditions relating to the discount are printed on the back of this form.

Name of person for whom Child Benefit is payable:	
Address:	
Date of Birth:	
Date Child Benefit ceases:	
Name and address of educational establishment attended:	
Please list below all people aged 18 or over living at the a already disregarded for Council Tax.	address and state if any are
1	
2.	
3	

PROOF OF CHILD BENEFIT MUST BE ENCLOSED WITH YOUR APPLICATION

CT016

DISREGARDED PERSON FOR THE PURPOSE OF COUNCIL TAX 18 YEAR OLD FOR WHOM CHILD BENEFIT IS PAYABLE

Notes of Guidance

This discount will apply to a person on a day if he or she is:

- i) 18 years of age; but
- ii) is a person in respect of whom another person is entitled to child benefit.

In practice, this discount will usually apply to 18 year olds in their last year at school, at a sixth form college, or on some courses of non-advanced further education.

The discount will cease on the day that Child Benefit ceases. This will be whichever is earlier of:

- a) the person's 19th birthday
- b) whichever of the following days occur next after he or she ceases in full-time non-advanced education:
 - the first Monday in January
 - the first Monday after Easter
 - the first Monday in September;
- c) the day on which he or she takes up full time employment.

When the discount ceases as a result of a) above, a discount for 19 year olds still at school or further education may still apply. Please contact this office as indicated overleaf.

Declaration to be signed by the applicant.

Warning: Deliberately giving false information could lead to prosecution.

I declare that the information given is complete and accurate to the best of my knowledge. I understand that the Council my check the validity of the information provided.

Full Name:	
Date:	
Signature:	
Daytime Telephone No:	

PLEASE NOW RETURN THE FORM TO THE ADDRESS OVERLEAF