



Customer Services
Castle Point Borough Council
PO Box 15,
Thundersley, Benfleet,
Essex SS7 1AY
Tel: 01268 882200
Fax: 01268 882409
DX: 39603 Hadleigh

Name & Address:

Date:
Our Reference: WEB/
Please enter your Council Tax Reference
Number:

**DISREGARDED PERSON FOR THE PURPOSE OF COUNCIL TAX
SCHOOL LEAVER UNDER 20**

To claim Council Tax discount for a person who is a school leaver under the age of 20, and has left education on or after 1st May, please complete this application form and return to the above address. Details of the conditions relating to the discount are printed on the back of this form.

The disregard will apply until 31st October of that year or until the school leaver reaches their 20th birthday - whichever is the earliest.

Please use capital letters.

SECTION A

Name of school leaver: _____

Address: _____

Date of leaving school: _____

Name and address of educational establishment attended: _____

Please list below all people aged 18 or over living at the address, and state if any are already disregarded for Council Tax purposes.

1. _____
2. _____
3. _____

CT026

**DISREGARDED PERSON FOR THE PURPOSE OF COUNCIL TAX
SCHOOL LEAVER UNDER 20 YEARS OLD**

Notes of Guidance

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

a) under the age of 20; and

b) has ceased to undertake a qualifying course of education after the 30th April and before 31st October

A qualifying course of education means a course:

a) which subsists for at least 3 calendar months;

b) involves at least 12 hours attendance per week;

c) tuition is received otherwise than by correspondence;

d) which is not undertaken in consequence of an office or employment held by that person;

e) the relevant activities are undertaken between the hours of 8:00 am and 5:50 pm

f) It is not a course of higher education

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 may check the validity of the information provided.

Full Name:

Date:

Signature:
No:

Daytime Telephone

PLEASE NOW RETURN THE FORM TO THE ADDRESS OVERLEAF