

Name & Address:

Date:

Our Reference: **Web**

Please enter your Council Tax Reference
Number:

Disregarded person for the purpose of Council Tax: Apprentice

To claim Council Tax discount for a person who is an apprentice, 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.

Please use capital letters

Name of apprentice: _____

Address: _____

Name of Employer: _____

Address of Employer _____

Weekly wage: £ _____

Date Apprenticeship began: _____ Date due to end _____

Name of qualification _____

Please ask your employer to complete the certificate of earnings enclosed with this form.

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

1. _____
2. _____
3. _____
4. _____

Please supply proof of the course you are undertaking

DISREGARDED PERSON FOR THE PURPOSE OF COUNCIL TAX APPRENTICE

Notes of guidance

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

- a) employed for the purpose of learning a trade, business, profession, office, employment or vocation;
- b) for the purpose undertaking a programme of training leading to a qualification accredited by the Qualifications and Curriculum Authority or the Scottish Vocational Education Council; and
- c) employed at a salary or in receipt of an allowance or both, which are, in total
 - i. substantially less than the salary he would be likely to receive if he had achieved the qualification in question ; and
 - ii. no more than £195.00 per week.
- d) A person is undertaking a programme for the purpose of sub paragraph (a) on a particular day, if the day falls within the relevant period for the programme.

Declaration to signed by the applicant.

WARNING: Deliberately given false information could lead to the imposition of a £70 penalty.

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 ABOVE ADDRESS

Date:
Our Reference: Web
Your Reference:

CERTIFICATE OF EARNINGS FOR COUNCIL TAX

Please note:

1. This certificate must be completed and certified by your employer.
2. When complete, this certificate should be attached to your application form and returned to the address shown above.
3. Additional certificates are obtainable from the address shown above.

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1. Applicant's (or partner's) full name:
(Block **capitals**, surname **first**) _____
2. Address: _____

3. **To EMPLOYER**

Please assist the above named to an Apprentice disregard for the purpose of Council Tax by completing section 3 below and section 4 overleaf.

Please enter overleaf details of gross/net pay for the last 5 weeks or 2 months. Include overtime, bonus, commission, tips and any other payment under gross pay. Enter separately deductions for income tax, national insurance and contributory pension.

Please authenticate this form with your official stamp after completing section 4.

4. Signature: _____ Date: _____

Position in Company: _____

Address: _____

Telephone Number: _____

DETAILS OF PAY

WEEKLY PAID

Week ended	Gross pay	Income tax	National insurance	Pension contrib	Net pay

MONTHLY PAID

Month ended	Gross pay	Income tax	National insurance	Pension contrib	Net pay