



**County Treasurer**  
Revenues & Benefits Services

Your Ref:

Our Ref:

Please ask for: Council Tax

Direct Line/Extension: (01432) 260360

Fax: (01432) 260484

E-mail: [counciltax@herefordshire.gov.uk](mailto:counciltax@herefordshire.gov.uk)

## Application for Council Tax Discount (Apprentices)

**COUNCIL TAX ACCOUNT NUMBER:** \_\_\_\_\_

**Before filling in this form please read the notes below.**

A discount can be granted if there are fewer than two adults living in a property. When counting the number of adults, an apprentice may be disregarded, provided that no more than £160 per week, before deductions, is earned, and certain other conditions apply.

If you wish to claim a discount, please complete sections A, B and D in **CAPITAL LETTERS** and enclose the apprentices last three consecutive pay slips. Section C should be completed by the employer, and then return the form to: **The Council Tax Department, Herefordshire Council, P.O. Box 224, Hereford, HR1 2XW**

If you would like more information, advice or help with the form please contact the Council Tax Department at the above address, by email or on telephone number **(01432) 260360**. Telephone lines are open from 8:45 a.m. until 5:15 p.m. from Monday to Wednesday, from 8:45 a.m. until 4:00 p.m. on Thursday, and 8:45am until 4:45pm on Friday.

**A. APPLICANT**

(Must be a person liable to pay the Council Tax for the property)

Full name: \_\_\_\_\_

Address of the property (that the discount is being applied for):  
\_\_\_\_\_  
\_\_\_\_\_

Please state the total number of people, aged over 18, who live in the property. \_\_\_\_\_

**B. APPRENTICE**

(Must live in the property where the discount is being claimed)

Full name: \_\_\_\_\_

Salary: £\_\_\_\_\_ per week / month (delete as necessary)

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Qualification to which the apprenticeship leads: \_\_\_\_\_

Date on which the apprenticeship commenced: \_\_\_\_\_

Date on which the apprenticeship expected to end: \_\_\_\_\_

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**C. DECLARATION BY EMPLOYER**

I declare that the employment details shown above are correct and that the qualification referred to, is accredited by the National Council for Vocational Qualifications. I also confirm that the salary paid to the apprentice is not more than £160 per week, before deductions, and is substantially less than the salary he/she would receive if qualified.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

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**D. DECLARATION BY APPLICANT**

I declare that the information given in this form is correct to the best of my knowledge and belief and that appropriate evidence is enclosed. I understand that I must advise the Council at once if any of the circumstances change.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTES FOR THE APPLICANT**

1. You do not have to complete this form unless you wish to claim a discount but if you provide false information you may be subject to a penalty of £50 and prosecution under the Theft Act 1978.
2. Any information provided will be treated in the strictest confidence but may be stored on computer and is therefore subject to the provisions of Data Protection legislation.

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County of Herefordshire District Council  
Tax & Rates Section, Revenues and Benefit Services, P.O. Box 224, Hereford. HR1 2XW  
Main Switchboard (01432) 260000