



**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 (Youth Training Trainees)

### **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, any person may be disregarded if they are under 25 years of age and undertaking approved training.

If you wish to claim a discount, please complete the form in **CAPITAL LETTERS** and return it 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. PERSON TO BE DISREGARDED**

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

Full name: \_\_\_\_\_ Date of birth: \_\_\_ / \_\_\_ / \_\_\_

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

Date employment started: \_\_\_\_\_ Due to end: \_\_\_\_\_

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**C. CERTIFICATE OF EMPLOYMENT (This section of the form should be completed by the person who employs the Youth Training trainee).**

Employee's Name: \_\_\_\_\_

Employee's National Insurance No: \_\_\_\_\_

Is this person training in conformity with an individual training plan pursuant to arrangements made under Section 2 of the Employment and Training Act 1973 and do these arrangements constitute an approved training scheme for the purposes of Section 28 of the Social Security Contributions and Benefits Act 1992.

Yes

No

Date employment commenced: \_\_\_\_\_

Employer's name and address:

Employer's official stamp:

**DECLARATION BY EMPLOYER**

I declare that the above named person is employed by me through a prescribed Youth Training Scheme and that the information given by me is to the best of my knowledge true and accurate.

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: \_\_\_\_\_

**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.