

Council Tax – Care Leavers Discount Scheme

Herefordshire Council is passionate about improving the lives and life chances of our care leavers. We recognise that care leavers are among the most vulnerable groups in our society, and by granting up to 100% discretionary relief from council tax, the Council will be providing practical help and financial assistance to care leavers whilst they are developing independent lives and their life skills.

Herefordshire Council aims to provide financial assistance with council tax bills to support our care leavers from the age of 18 until their 25th birthday.

To apply please complete this form in full and ask you care worker to complete their part.

Part One

Your name:	
Date of Birth:	
Your address:	
Your Council Tax Account Number	

1) Are you the only person over the age of 18 living at this address? YES/NO

Please provide details of all other persons resident in the property and their relationship to yourself and Residency status - *For example Joint tenant, partner*

Name	Date of Birth	Residency Status

2) Are you currently a Full time Student YES/NO

3) Are you currently an Apprentice or Youth Trainee YES/NO

Should your circumstances change and you no longer meet the qualifying criteria, you must notify us within 21 days.

By signing the form you agree that, to the best of your knowledge, the information contained on the form is complete and is not false. Wilfully making a false statement on the application form is an offence and may result in us taking action legal against you.

You must continue to make payments of your Council Tax as demanded until such time as you receive a revised Bill. Making an application does not mean you can stop or reduce the payments requested.

Please return this application and return it to revenues & Benefits Services, Plough Lane, Hereford. HR4 0LE. Alternatively you can email to counciltax@herefordshire.gov.uk

Part Two (to be completed by your Support Worker/Appointee)

By noting the below and signing this form you are confirming that the person named in Section 1 meets the criteria in the policy for the Care Leaver's Discount Scheme

I confirm that:-

- a) The person named in Section 1 is a Care Leaver as defined by The Children Leaving Care Act 2000.
- b) The person named in Section 1 has applied for any relevant national reliefs, exemptions or discounts
- c) The person named in Section 1 is a Herefordshire Council Care Leaver and is currently residing in the Herefordshire Council Boundary.
- d) The person named in Section 1 is between 18-25 years old
- e) I confirm that the person named in Section 1 was in the care of Herefordshire Council for at least 13 weeks since the age of 14 and that they were in care on their 16th birthday and left after 1st October 2001.

If you are able to confirm all of the above please sign and complete the below.

Name:		Title:	
Signature:		Date:	
Contact Phone Number		Contact Address	Email