



# Application for Second Adult Rebate (Council Tax)

## Second Adult Rebate Only

Name:	
Address:	
Postcode:	Telephone No:

Complete and return to:  
 Customer Services  
 Stirling Council  
 Teith House, Kerse Road,  
 Stirling FK7 7QA  
 Telephone: (01786) 233210  
 e-mail: finservices@stirling.gov.uk

<b>SC Use Only</b>	(B26) 08/15
Claim No.	
Account No.	
Date Issued:	

### Important (please read this section carefully)

Please complete the form in BLACK INK.

If you do not qualify for benefit because your income is too high, you can apply for a second adult rebate if there are other adults in your home who have a low income - but there are special conditions:

- You must be a single taxpayer, or if you have a partner, joint owner or tenant, one of you must be in one of the special categories listed at Section A.
- No-one pays you rent to live in the household.
- Please send proof of income for everybody who lives with you. We cannot pay you benefit if you don't.

(Complete every question, cross through it if it doesn't apply.)

## A. You and your partner

(Your partner is normally someone you are married to or have a civil partnership with, or live with as though you were married or in a civil partnership.)

	You	Your Partner
Surname	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>
National Insurance No.	<input type="text"/>	<input type="text"/>

**Special Categories - Tick and forward proof if you, your partner or joint owner or tenant are one of the following:**

Student	<input type="checkbox"/>	Recent School Leaver	<input type="checkbox"/>	Care Worker	<input type="checkbox"/>
Student Nurse	<input type="checkbox"/>	Severely Mentally Impaired	<input type="checkbox"/>	Prisoner	<input type="checkbox"/>
Skillsseeker	<input type="checkbox"/>	In a care / nursing home	<input type="checkbox"/>	Apprentice	<input type="checkbox"/>

**Please give any other address that you have lived at in the last 12 months**

Address \_\_\_\_\_  
 \_\_\_\_\_ Date you left \_\_\_\_\_

## B. Other people who normally live with you aged 18 years or over

Please list below anyone aged 18 or over who lives with you. Tell us if they are your carer, registered blind, severely mentally impaired, or joint tenants / owners.

	First Person	Second Person	Third Person
Surname			
First Name			
Date of Birth			
Relationship to you			
Are they a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they an apprentice or on a training scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they on benefit such as IS, JSA, ESA, UC or Pension Credit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , provide National Insurance Numbers			
Please inform them that this information will be checked with the Department of Works & Pensions			
Are they working 16 hours or more a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , provide an up to date payslip and details of all other income			
If <b>No</b> , give details of all other income			

## C. Declaration

**Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm all the details about them are correct. But they do not have to sign.**

**Please read this declaration carefully before you sign and date it.**

**I understand the following.**

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by the law (e.g. Department of Works and Pension, Employer, Pension Provider etc.)
- You may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private sector companies such as banks and organisations that may lend me money, if the law allows this.

**I know** I must let the council know about any change in my circumstances which might affect my claim and if you pay me too much benefit, I will have to pay it back.

**I declare** the information that I have given on this form is correct and complete.

**Signature of person claiming**

**Date**

 /  / 

**Partner's signature**

**Date**

 /  / 

**If this form has been filled in by someone other than the person claiming**

Please tell us why you are filling in this form for the person claiming.

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

**Name of the person who filled in the form**

**Signature of the person**

**Relationship to the person claiming**

**Date**

 /  /