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**For Office Use Only** CT14a 04/18

Payment Ref.	
Date of Issue	

## Council Tax Exemption/Discount Application – Care Leavers

In terms of the Council Tax (Discount) (Scotland) Amendment Regulations 2018 a person shall be disregarded for the purposes of Council Tax if the person is a Care Leaver.

**A Care Leaver is a person who:**

- is at least 18 years of age but not yet 26 years of age;
- was on that person’s sixteenth birthday or at any subsequent time looked after by a local authority; and
- is no longer looked after by a local authority

If you are the only adult resident in the property and qualify as a Care Leaver, you will be exempt from paying Council Tax. If you are not the only adult resident, you will be disregarded from paying Council Tax and other occupants may then qualify themselves for a discount depending on the household circumstances.

**Your details:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (please provide proof eg birth certificate, passport)

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Names of all other residents in the household:

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**To be completed by the Local Authority who cared for you**

I can confirm that the person named was in local authority care on or after their 16<sup>th</sup> birthday and satisfy the Care Leaver definition as detailed above.

Signed:

Print Name:

Position:

Local Authority:

Telephone:

E-mail address:

Date:

**DECLARATION**

1. I declare that all the details that I have given on this form are true and complete.
2. I shall notify the Council immediately if any of the details change.
3. I understand that Stirling Council must protect public funds and may use these details to prevent and detect fraud, part of this process may involve the use of credit reference agencies. I understand that this information may also be shared for the same purposes with other organisations handling public funds.
4. I understand that under the Data Protection Act I have a right to a copy of the information Stirling Council holds on me and I may be charged for this service

Signed (Applicant): \_\_\_\_\_

Print Name: \_\_\_\_\_

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