

**COUNCIL TAX - PERSONAL DISCOUNT APPLICATION  
CATEGORY - MEMBER OF A RELIGIOUS COMMUNITY**

**THIS FORM MUST BE COMPLETED BY THE LIABLE PERSON**

**Executive Director of Corporate Services  
Customer Services & IT  
P.O. Box 216  
Dundee  
DD1 3YJ**

**ACCOUNT No**

**PROPERTY REFERENCE No.**

Name of liable person

Address

Post Code  Tel. No.

Address of Property for which discount is sought if different from address opposite.

**1** How many persons aged 17 or over (including yourself) have the dwelling as their sole or main residence? If no-one has their sole or main residence in the dwelling, write NIL in the box.

(a) If the answer is nil or one please give the date these circumstances took effect.

**NB** IF NIL, YOU NEED ONLY COMPLETE THE CLAIMANTS CERTIFICATE AT THE END OF THIS FORM

(b) If you are applying for this discount because someone has moved out of the property please give their details.

NAME	FORWARDING ADDRESS	DATE MOVED OUT OF PROPERTY

**2** Please supply name of all persons included in **1** above and state the relationship to you, if any. If any are under 18, please give date of birth.

NAME	RELATIONSHIP	DATE OF BIRTH	DATE MOVED INTO PROPERTY
1	CLAIMANT		
2			
3			
4			
5			
6			
7			

**3** If any of the above persons are 18 or over and child benefit is still payable in respect of them, please give details below.

NAME	DATE CHILD BENEFIT WILL CEASE	NAME	DATE CHILD BENEFIT WILL CEASE

4

Are any of the persons listed in 2 (over) a member of a religious community whose principal occupation is prayer, contemplation, education or the relief of suffering and who has no income or capital of his/her own and is dependant on the community concerned for his/her material needs?

YES / NO

If YES, please give the following information:

Name of Member \_\_\_\_\_

Name & Address of Religious Community \_\_\_\_\_

\_\_\_\_\_

**CLAIMANTS CERTIFICATE**

**We must protect the public funds we handle and so we may exchange information about you with other organisations such as government departments and other local authorities in order to check the accuracy of information, to prevent or detect crime, or protect funds in other ways as allowed by law. We will not release information about you to anyone outside the council unless the law allows us to.**

**I declare that the information given in this application is to the best of my knowledge and belief correct and undertake to notify you immediately if the circumstances in the dwelling change.**

**YOU MAY BE LIABLE TO A £50 PENALTY IF YOU TRY TO OBTAIN COUNCIL TAX DISCOUNT FOR YOURSELF OR ANYONE ELSE DISHONESTLY.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

All relevant sections of this form must be completed. Failure to do so may delay the processing of your application.

If you require any assistance or help in completing this form please contact:-

**Executive Director of Corporate Services  
Customer Services & IT  
P.O. Box 216  
Dundee  
DD1 3YJ**

**Tel: 01382 431205**