

**COUNCIL TAX
CARE LEAVERS APPLICATION**



YOUR NAME AND ADDRESS:

Revenue Services
County Hall
Mold
Flintshire CH7 6NA

Telephone Number: (01352) 704848

If you need to contact us, please quote your

Account Reference Number

Dear Sir/Madam,

From 1st April 2018, care leavers are exempt from paying Council Tax. If a care leaver now lives alone or in a property that is wholly occupied by care leavers, a Council Tax exemption will apply.

If a care leaver now lives with one other adult, a Council Tax discount of 25% will apply. If there is more than one other adult living with a care leaver, there is still a possibility that a Council Tax discount of 25% may apply depending on the circumstances of the other adults in the property.

Please complete this form in **BLACK INK** and return to the above address as soon as possible.

If you need any help or advice to complete this form, you are welcome to visit one of our Connects Centres in Buckley, Flint, Connah's Quay, Mold or Holywell (opening times as advertised)

A	 GROUNDS FOR APPLICATION
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To qualify for this discount/exemption, certain conditions must be fulfilled as follows:-

- (a) Aged at least 18 years but not yet 25 years of age
- (b) Was looked after by a local authority on, or at any subsequent time after their 16th birthday
- (c) no longer looked after by a local authority

B	 RESIDENTS
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Please list below all residents of your property aged 18 years or over:-

TITLE	FORE (OR CHRISTIAN) NAMES	SURNAME

D	DETAILS OF CARE LEAVER
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Name	
Any other names you have been known by	
Date of birth	
Approximate dates you were looked after by a local authority	
Name of the local authority that looked after you	

F	GIVING PERMISSION
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Permission to contact care provider:

I hereby authorise the Council Tax Team to contact Flintshire County Council Social Services or the care provider at another Council to confirm my eligibility to a care leavers discount or exemption.

Signed _____ Dated _____

G	DECLARATION
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I declare that the information provided on this form is correct to my knowledge and belief

Signed _____ **Dated** _____

Would you like to receive your council tax bill by e-mail? Yes* No

*E-mail address: _____

NB You must notify the Council Tax Section of any change in circumstances which may affect this application for discount.

Privacy Notice

Flintshire County Council will use the information you give in this form, and any supporting evidence you provide to assess your liability for Council Tax. This is required under Local Government Finance Act 1992 and all other relevant regulations associated with the assessment of Council Tax.

We will keep your data for the duration when you are liable to pay Council Tax and for a period of 7 years after your liability to pay Council Tax has ended.

We may share your information with other Council services in order to ensure our records are accurate and up-to-date, to improve the standard of the services we deliver, and to perform any of our statutory duties, including enforcement duties.

Flintshire County Council may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give information to them to:

- make sure the information is accurate
- prevent or detect crime
- the assessment or collection of any tax or duty or of any imposition of a similar nature
- protect public funds.

If you feel that Flintshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or by calling their helpline on 0303 123 1113.

For further information about how Flintshire County Council processes personal data and your rights, please see our privacy notice on our website – <http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx>