

# Council Tax Single Person Discount Application

**General Data Protection Regulation GDPR** - We are asking for the following information in accordance with provisions of the Council Tax (Administration and Enforcement) (Scotland) Regulations 1992 and Data Protection Act 2018. We will use this information to help us determine your liability for and to collect your Council Tax. You can find more information on how your personal information is used for Council Tax on our Privacy Notice which can be found at [www.midlothian.gov.uk/privacy](http://www.midlothian.gov.uk/privacy)

**Ref:**

If a property is occupied by only one adult (i.e. a person aged 18 or over) as their sole or main residence, the Council Tax bill will be discounted by 25%.

To apply for a Single Person Discount, please complete this form in ink and **BLOCK CAPITALS**.

Full name of resident claiming discount

Address of property for which discount is claimed

  

Postcode

Telephone

Date discount is claimed from

Please provide the names of all other residents at the property who are aged 17

  

Have you been the only adult resident from the date you moved into the property?

Yes

No

Is the above property your only home?

Yes

No

If you answered 'NO' we may need further information in order to determine your discount entitlement.

Are you now the only adult resident as a result of a bereavement? Yes

No

If you answered YES please go straight to the Declaration at the end of this form

If you are now the only adult resident as a result of another adult having left the property, please provide details of their move

Their full name

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Their relationship to you (e.g. partner, child etc.)

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Date they left the property

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Their new address


What is their interest in their new address?

Owner  Tenant  Lodger  Other (please give details) \_\_\_\_\_

Is the change of address permanent?

If NO, what is the nature of their absence and when do they intend to return?

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## Declaration

**I declare that to the best of my knowledge the information given on this form is true and correct. I understand that enquiries may be made to verify the information given. If awarded a Discount, I undertake to advise you within 21 days of any change in my circumstances which may affect the amount of Council Tax payable.**

Signature

Date

Please return this form to:

The Director of Health and Social Care  
Midlothian Council  
PO Box 12956  
DALKEITH  
EH22 1YB