Council Tax Single Person Discount Application

Data Protection - 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 1998. We will use this information to help us determine your liability for and to collect your Council Tax. Information given on this form may be held electronically and may be shared for Council Tax purposes. We may also share this information with other Council Services, Local Authorities, Government Departments and other bodies responsible for auditing or administering public funds. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

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

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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

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

Date they left the property

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?

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