

Application for Council Tax exemption/disregard - Care Leaver



Please read this form carefully and complete Sections 1 and 2. You must sign the form and then send it to the Council. If you do not do this you will not be awarded any reduction in your council tax.

Section 1 – Applicants Details

Full name: _____

Date of Birth: _____

Address: _____

Date you moved in: _____

Does anyone else reside at the premises with you (Y/N)? : _____

If Y, please complete the below table.

Name	Relationship to you	Their Age
For example "Joe Bloggs"	For example – "Brother"	

Declaration:

I confirm that I am a care leaver as defined by section 104 of the Social Services and Well-being (Wales) Act 2014(5).

I also wish to confirm that the information I have provided is true and accurate;

I understand that it is an offence to supply false information and, if I do, it may result in any council tax reduction I receive being withdrawn and further action may be taken against me.

Signed: _____ Date: _____

Contact Information

Tel No: _____

E-mail: _____

For office use only
CARELEAV / Ref No:

Date Received

Section 2 – Personal Advisor’s Details (please pass to your personal advisor for completion)

Name of Advisor: _____

Team/Address: _____

I have read the above information provided by _____ and confirm it to be complete and accurate.

I am aware that in my capacity as Personal Advisor to _____

I am under a duty to notify Rhondda Cynon Taf CBC’s Council Tax department of any changes in his/her circumstances that I am aware of and believe may affect their entitlement to this award.

Signed: _____ Date: _____

More information about council tax discounts, exemptions and disregards is available here:

<https://www.rctcbc.gov.uk/EN/Resident/CouncilTax/Counciltaxdiscountsexemptionsandredutions/Counciltaxdiscountsexemptionsandreductions.aspx>

Please return this form to the following address:

Council Tax Department

Ty Bronwydd

Porth

CF39 9DL

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