

Alternative Council Tax Reduction

Name and address



Private and Confidential

Please use a **black pen** to complete this form

Please complete and return this form to:

Eden District Council, Benefits Team
 Department of Finance
 Town Hall
 Penrith
 Cumbria CA11 7QF

Telephone: (01768) 212185, 212235 or 212245
 Fax: (01768) 890470
 Email: benefits@eden.gov.uk

COMPLETED BY

ON BEHALF OF

Signature

Date

If you want to claim from the date you requested the form, you must return it by

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Please send this form back quickly or you may lose money.

Please read the guidance notes on page 2

- Fill in this form to claim money off your Council Tax bill.
- If you need help to fill in this form, please contact the Benefits Team at the address above. We can send a Council Officer to your home to help you if you wish.

The Benefits Team will use the information you give us on this application form to work out whether you are entitled to alternative Council Tax Reduction. We must take all appropriate steps to protect public funds and prevent fraud and to help others do the same. We may give the organisations involved in sharing out public funds (for example, local authorities and central government agencies) access to the information you have provided.

For Office Use Only

Date claim form received	Date claim form requested		Notes
	Form requested by: Telephone <input type="checkbox"/> Written <input type="checkbox"/> At Reception <input type="checkbox"/> Letter <input type="checkbox"/> Other (Please specify <input type="checkbox"/> _____		
	Issue date	CTR Ref	
	CT Ref		

Important Guidance Notes

Please read these notes carefully

- We will use the information you give us to work out your Alternative Council Tax Reduction. We will also use it to check you are paying the right amount of Council Tax.
- We will follow the Data Protection Act and keep the information you give us confidential.
- **Your entitlement will normally start on the Monday following the date you requested the form, provided that the form is returned within one month from that date.**

Opening Hours

8.45am to 5.15pm Monday to Thursday
 8.45am to 4.45pm Friday
 (Second Wednesday in every month 10am to 5.15pm)

- Once we have got all the information we need from you, we will work out the Alternative Council Tax Reduction and write to you to let you know how much you will get. You should hear from us within 14 days of us receiving all the information.
- **Your claim may be delayed or you may lose some reduction if you do not answer all the questions that we ask you to complete.** (If you deliver this form to the Town Hall please ask for an acknowledgement receipt to show that you have delivered it).
- **What is Alternative Council Tax Reduction**
 Alternative Council Tax Reduction is a form of Council Tax Reduction and is another way of reducing your Council Tax Bill (by up to 25% of what you have to pay). You can usually get Alternative Council Tax Reduction if you are the only person liable for the Council Tax on your property and you have a 'second adult' living with you who is on low income. A 'second adult' means someone like grown up sons, daughters, relatives, friends and grandchildren.
- **How Alternative Council Tax Reduction is worked out**
 If all the 'second adults' living with you receive, Income Support, Income Based Job Seekers Allowance, Income Related Employment and Support Allowance or guaranteed Pension Credit your reduction will be 25% of your council tax charge. If any 'second adults' living with you do not receive one of these benefits the amount of reduction depends on the gross income of these second adults, this could be a reduction of 15% or 7.5%.

Section 1 - About you

Title (Mr, Mrs, Miss)	<input type="text"/>
Surname	<input type="text"/>
All your other names in full	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	Postcode
Date of Birth	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>
National Insurance Number	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Your day time telephone number	<input type="text"/>
Your email address	<input type="text"/>

You do not have to give your telephone number or email address but it helps to process your claim more quickly should we need to contact you.

Section 2 - Other adults who live with you

	Adult 1	Adult 2	Adult 3
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
First names	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of birth	<input style="width: 100%; text-align: center;" type="text" value=" / /"/>	<input style="width: 100%; text-align: center;" type="text" value=" / /"/>	<input style="width: 100%; text-align: center;" type="text" value=" / /"/>
National Insurance Number	<input style="width: 100%; text-align: center;" type="text"/>	<input style="width: 100%; text-align: center;" type="text"/>	<input style="width: 100%; text-align: center;" type="text"/>
Relationship to you	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Do they get Income Support, Income Based Job Seekers Allowance, Income Related Employment and Support Allowance or Guaranteed Pension Credit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they normally work for 16 hours or more a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes tell us their earnings before any deductions	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
Please tell us what other income they have (if any)	<input style="width: 100%; height: 80px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>
Do they fall into the Disregarded Persons category (see enclosed notes)	Yes <input type="checkbox"/> No <input type="checkbox"/> Category <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Category <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Category <input type="text"/>
Are any of these people living together as a couple	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tell us their names <input style="width: 100%;" type="text"/> is the partner of <input style="width: 100%;" type="text"/>	

Section 3 - Evidence

You need to send us two forms of identity for yourself. One must include your national insurance number (see table below).

You also need to send evidence of the income that the other people who live with you receive (see table below).

We must see original documents, not copies.

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later. You have one month to send the evidence we need but the sooner we receive this the sooner we can work out your reduction.

If you are unable to provide proof of the person's income and identity you must sign section 5 authorising the Council to inform the person(s) that you have applied for Alternative Council Tax Reduction and for the Council to request from them, if necessary, details of his/her income. If this information cannot be obtained it may not be possible to calculate your entitlement.

Acceptable forms of Identity and Evidence

P45 or P60	Bank or building society statements or passbook
Tax Letter	Payslips (2 monthly, 3 fortnightly or 5 weekly) are required as proof of income
Letter from the Department of Work and Pensions	Child Benefit letter
National Insurance card	Benefit entitlement letters
UK Passport	Tax Credit letters
Driving Licence	Birth or Marriage certificate

Section 4 - Anything else you wish to tell us about your application

Section 5 - Authorisation

Please sign this if you are unable to give any persons income.

I authorise Eden District Council to contact direct the persons named above in order to obtain the information necessary to deal with my claim for second adult rebate.

Signature

Date

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Section 6 - Declaration

- I declare that I have given the name of every adult aged 18 or over who lives with me and for whom I do not receive child benefit.
- I will report all changes promptly to you in writing (failure to report changes is an offence).
- I declare that the information I have given is true and correct to the best of my knowledge and understand providing false information may lead to prosecution action being taken against me.

Signature

Date

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