



Please return completed forms to:  
Callendar Square Centre, Falkirk, FK1 1UJ

Name	
Address	
Postcode	

## COUNCIL TAX RELIEF CLAIM FORM SKILL SEEKER

A full Council tax Bill assumes that there are two adults (aged 18 or over) in a household. If any of the adults are Apprentices they may be disregarded for the purposes of Council Tax Discount.

**Skill Seeker** – Someone aged under 25 who is undertaking a Skill Seekers course

To work out if you are due a discount we look at the circumstances of all residents (see below) in a property. We then count all adults who are not disregarded.

If after doing the count all but one of the adults are disregarded a 25% discount is awarded. If all the residents are disregarded then a 50% discount is awarded.

**Resident** – Someone aged over 18 years who has his or her **Sole or Main Residence** in the property.

**Sole or Main Residence** – Where a person is absent from the household, e.g working elsewhere, this person is associated with 2 properties. In these circumstances the Council must make a determination as to what that person's "sole or main residence". In the majority of these situations the person's main residence is the "family" home.

**Please detail below anyone aged 17 or over who is resident (see above) in your property.**

Name	Are they a Skill Seeker? (delete as appropriate)	Do they own the property?	Date of Birth (for 17 year olds)
_____	Yes / No	Yes / No	_____
_____	Yes / No	Yes / No	_____
_____	Yes / No	Yes / No	_____
_____	Yes / No	Yes / No	_____
_____	Yes / No	Yes / No	_____

**Declaration :**

1. I have read and understood the contents of this form.
2. I confirm all the information given is a true and full statement.
3. I will notify Falkirk Council immediately if my circumstances change.

Signed  Date  Daytime Tel. Number   
(in case of query)

**Now have the certificate on the reverse of this form completed by the employer and return it to us**

## COUNCIL TAX : Skill Seeker Certificate (SS)

<b>To be Completed by the Employer:</b>	
Skill Seeker's Name:	<input style="width: 80%;" type="text"/>
Date of Birth:	<input style="width: 150px;" type="text"/>
National Insurance No.	<input style="width: 150px;" type="text"/>
Home Address:	
Job Title	<input style="width: 80%;" type="text"/>
Qualification being	<input style="width: 80%;" type="text"/>
Employers Name:	<input style="width: 80%;" type="text"/>
Employers Address:	
Date Skill Seeker Started	<input style="width: 100px;" type="text"/>
Date Due To End	<input style="width: 100px;" type="text"/>

**I confirm this person is training under the Employment and Training Act 1973 or the Enterprise and New Towns(Scotland) Act and the Training Scheme is approved for the purpose of Section 28 of the Social Security Contributions and Benefits Act 1992.**

<b>Declaration:</b>			
Signed	<input style="width: 90%;" type="text"/>	Employers Stamp	<input style="width: 95%; height: 80px;" type="text"/>
Designation	<input style="width: 90%;" type="text"/>		
Date	<input style="width: 90%;" type="text"/>		