

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

Name	
Address	
Postcode	

## COUNCIL TAX RELIEF CLAIM FORM STUDENTS

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.

**Full Time Student** – Someone attending University, College or other recognised educational institute for a minimum of 21 hours per week, and for at least 24 weeks in the academic year

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 Students then an exemption 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 Student? (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 college/university and return it to us**

## COUNCIL TAX : Student Certificate (ST)

**Details (To be completed by the University/College):**

Student's Name:

Date of Birth:

Home Address:

Term-time Address:

Course Title:

Registration Number

Date Course Started

Date Due to End

Number of Hours at University/College Each Week

Number of Weeks Attendance Per Academic Year

**Declaration:**

Signed

College Stamp

Designation

Date