

## COUNCIL TAX DISCOUNT APPLICATION FORM

### Full Time Students

A full Council Tax bill assumes that there are two adults (aged 18 or over) resident in a property. If any residents are Full Time Students they may be disregarded from that count. To work out if you are due a discount we need to look at the circumstances of all residents in the property.

If every adult resident except one is disregarded, then a 25% discount is awarded. If all adult residents are disregarded then an exemption is awarded.

**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

**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”. A person’s main residence is usually the “family” home.

**Your name:**

**Property Address:**

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

| Name  | Are they a Student?<br>(delete as appropriate) | Do they own the<br>property? | Date of Birth<br>(for 17 year olds) |
|-------|--|------------------------------|-------------------------------------|
| _____ | Yes / No                                       | Yes /                        | _____                               |
| _____ | Yes / No                                       | Yes /                        | _____                               |
| _____ | Yes / No                                       | Yes /                        | _____                               |
| _____ | Yes / No                                       | Yes /                        | _____                               |
| _____ | Yes / No                                       | Yes /                        | _____                               |

**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 by email to [revenues1@falkirk.gov.uk](mailto:revenues1@falkirk.gov.uk) or by post**

|  |   |
|--|---|
| <b>Please help us by setting up ebilling</b>                         |   |
| Rather than posting out paper, we will email you a PDF bill instead. |   |
| <b>Please tick if you would like to help and do this :</b>           | <input style="width: 40px; height: 20px;" type="checkbox"/> |
| <b>YOUR EMAIL ADDRESS:</b>   |   |

## **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