



Your Ref
Our Ref 4C/CT20
Enquiries to Billing and Collection Section
Direct Line 01482 394747
Fax No 01482 394749
E-mail council.tax@eastriding.gov.uk
Date

COUNCIL TAX REDUCTION - STUDENTS

Council Tax bills are issued based on the assumption that there are two or more adults (persons aged 18 or over) living in a property. If only one adult lives in a property as their main home, then the Council Tax bill is reduced by 25%.

Other discounts are applicable, because certain people are not counted (i.e. disregarded) when looking at the number of adults resident in a dwelling. For example, if there are two adults resident in a dwelling and one of them satisfies the conditions required for a discount, then the bill is calculated as if only one adult lives there.

A discount may be applicable if a member of your household aged 18 years or over, is a student (or overseas student). To apply, please complete the enclosed form and return it to the Billing & Collection section.

To support your application **a student certificate must be provided** to confirm the status of the student.

This can be obtained from the Student Records Department at the university/college or course tutor. The offer of a place on a course/training scheme is not sufficient, nor is a student loan letter. The student certificate must show the following information:

The full name and address of the establishment attended
The student's full name and date of birth
Certification that the student is following a course of education
The exact start date and end date of the course
Confirmation of the total number of study hours required per week

If you do not supply a student certificate, your application will be delayed.

If you are entitled to a discount a revised Council Tax bill will be issued. In the meantime, you must continue to pay your current instalments until you are sent a revised bill.



Please complete this form in **black ink** and in **BLOCK CAPITALS**

A **The Applicant** (The liable person)

Name :	
Address:	

B **The Student**

Name:	
Address: (term time)	
Postcode:	

C **Occupancy Details** (of the property named in box A)

The total number of persons resident in the property who are 18 years of age or over. This includes yourself if you are a resident.

D **Date of Birth of the Student**

(required only if student type 2 or 5 applies, see Student Type below)



Council Tax Account Number :

E **Student Type** - please tick (✓) as appropriate

- | | | |
|---|--------------------------|--|
| 1 | <input type="checkbox"/> | attending a university or college course of at least 1 academic year for at least 24 weeks per year and 21 hours of study per week in term time. |
| 2 | <input type="checkbox"/> | under 20 years of age and studying for more than 3 months for at least 12 hours per week for a course of Further Education standard, eg A levels, NVQ Levels 1,2 and 3, City and Guilds Diploma, BTEC National Diploma (excludes correspondence courses, evening classes or day release) |
| 3 | <input type="checkbox"/> | student nurse on a course leading to registration on any of parts 1 to 6 or 8 of the Nursing Register, as a first inclusion on that register. |
| 4 | <input type="checkbox"/> | working as a foreign language assistant with the British Council. |
| 5 | <input type="checkbox"/> | under 25 and receiving training under the Youth Training Scheme (includes TCT, Options, Future and Next Step) |
| 6 | <input type="checkbox"/> | an apprentice employed to learn a job and undertaking a qualification recognised by the Qualifications & Curriculum Authority. Salary not more than £195.00 per week (before tax). (Confirmation will be sought from the employer). |

F **Training Establishment Details**

Name of University/College/Employer/Agency etc. :

Address (include the postcode) :

Telephone Number (for training establishment) :

Full Title of Course & enrolment number :

Course/Training Start Date :

Course/Training End Date :

I declare that the information given on this form is to the best of my knowledge and belief a true and correct account of the facts. I understand that the Council may check this information with other sources within the Council and other Councils if necessary. I will notify the Council immediately if my circumstances change. I understand that this information will be held for Council Tax and Benefit purposes and will only be used for these purposes in accordance with the Data Protection act 1998 and may be passed on to other government organisations if the law allows.

Signature	Please print name	Day time telephone number (for queries only)	Date
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Office Use Only

CT20
(May/01)