

Issue date:

CTR ref.

Property ref.

Council Tax Reduction Claim Form

East Lothian Council, Resources and People Services, PO Box 13261, Haddington, East Lothian, EH41 3HA

Important

Awards of Council Tax Reduction (CTR) and Second Adult Rebate (SAR) reduce the amount of Council Tax which you would normally be required to pay. The amount you are entitled to from the start date of your entitlement period until the end of the financial year (31 March) will reduce your Council Tax charge and you will receive a revised Council Tax bill for that year. Council Tax Reduction does not cover water and wastewater (sewerage) charges and you will still need to pay these.

Second Adult rebate is a form of Council Tax Reduction for people who do not share their home with a partner but share their home with someone who is 18 and over and is on a low income and does not pay rent to them. Failure to pay Council Tax will result in debt recovery action and you may incur additional costs.

Use black ink to fill in the form. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Please write clearly and answer all the questions or tick the appropriate boxes.

If a question does not apply to you, write N/A (not applicable).

Name	<input type="text"/>	Telephone no.	<input type="text"/>
Address	<input type="text"/>	Mobile no.	<input type="text"/>
Postcode		Email address	<input type="text"/>

Is this your first claim at this address? Yes No

If YES, date you moved in:

What was your previous address?

Did you rent this property? Yes No

Did you claim CTR there? Yes No

Did you own this property? Yes No

I own the home I live in

I am a council tenant

I am a private tenant

I am a Housing Association tenant

I live with one of the above

I wish to claim Council Tax
Single Person Discount

Your personal details

	You	Your partner
Marital status	<input type="text"/>	<input type="text"/>
Title (Mr/Mrs/Ms/Miss)	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>

Have you lived in the UK for less than 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, what is your nationality? <i>We will write to you about this</i>	<input type="text"/>	<input type="text"/>
Which country did you live in?	<input type="text"/>	<input type="text"/>
When did you come to live in the United Kingdom?	<input type="text"/>	<input type="text"/>
How long do you plan to stay?	<input type="text"/>	<input type="text"/>
Do you still have bank accounts or property overseas?	<input type="text"/>	<input type="text"/>

You and your partner's health

	You	Your partner
Are you long-term sick or disabled and incapable of work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered or certified blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone get Carer's Allowance to look after you or your partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, what is their name and address?		

Name

Address

Are you in hospital at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state the date you went in?	<input type="text"/>	
When do you expect to come out?	<input type="text"/>	

Please tick if you are:

	You	Your partner
A student (also complete Part 8)	<input type="checkbox"/>	<input type="checkbox"/>
A student nurse	<input type="checkbox"/>	<input type="checkbox"/>
An apprentice	<input type="checkbox"/>	<input type="checkbox"/>
On youth training	<input type="checkbox"/>	<input type="checkbox"/>
In legal custody	<input type="checkbox"/>	<input type="checkbox"/>
Severely mentally impaired	<input type="checkbox"/>	<input type="checkbox"/>

You may be able to get additional reduction for children you receive child benefit for.

Do you want to claim for any children?

Yes No **If NO go to Part 3**

To claim for more than three children, use a separate sheet of paper.

If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box

	First child	Second child	Third child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Usual address if different from yours:

First child	Second child	Third child
<input type="text"/>	<input type="text"/>	<input type="text"/>

	First child	Second child	Third child
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is a child registered blind or getting Disability Living Allowance or Personal Independence Payments (PIP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Do you pay any child-minding costs for this child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Child minder's name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child minder's registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child minder's address	<input type="text"/>	<input type="text"/>	<input type="text"/>

How much do you pay per week?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
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Do you have a child about to leave school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If YES, what is their expected leaving date?	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Part 3 – About other people who live with you

Please give details of anyone else who lives in your home. They could be relatives, friends or boarders.

Do any adults normally live with you and your partner? Yes No **If NO go to Part 4**

By adults we mean people over 16 for whom no one receives Child Benefit

If YES tell us about all the adults, except your partner, who usually live with you.

If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you <i>For example, aunt, brother, daughter, father, grandmother, stepdaughter, joint tenant, joint owner or friend</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Universal Credit, Income Support, Income Based Jobseeker's Allowance, Employment or Support Allowance?	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, Personal Independence Payments (PIP) or are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they a full-time student, student nurse, care worker, an apprentice or on youth training?	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 pay rent or money for board and lodgings to you or your partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they currently in legal custody?	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, when are they expected to come out?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they currently in hospital?	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, when did they go in?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When are they expected to come out?	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 deductions.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they have any other income?	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, detail here:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Part 4 – Universal Credit

Are you or your partner getting or waiting to hear about a claim?

Yes

No **If NO go to Part 5**

You

Your partner

Are you or your partner getting any element of Universal Credit?

Yes No

Yes No

Universal Credit award assesment period

to

<i>Universal Credit elements breakdown</i>	<i>Value</i>	<i>Additional income (wages, private pension, ESA contributions etc)</i>	<i>Value</i>
Standard allowance			
Child element			
Housing costs element			
Limited capability for work element			
Limited capability for work related element			
Carer element			
Child care costs element			
<i>Total elements awarded</i>			
Deductions			
Unearned income			
Earned income			
Other - (advances, arrears, sanctions)			
<i>Total UC payment for month</i>			

Part 5 — About benefits and pension

Are you or your partner getting or waiting to hear about any benefit claims?

Yes

No **If NO go to Part 6**

If you are getting or have claimed any benefit that is not listed, tell us about it at the bottom of the list.

	You			Your partner		
	Waiting to hear	How much? £	How often?	Waiting to hear	How much? £	How often?
Attendance Allowance						
Carer's Allowance						
Child Benefit						
Child Tax Credit						
Disability Living Allowance - Care						
Disability Living Allowance - Mobility						
Employment & Support Allowance <i>Contribution based/ Income related</i>						
Guardians Allowance						
Income Support						
Industrial Death Benefit						
Industrial Injuries Disablement Benefit						
Jobseeker's Allowance <i>Contribution based/ Income based</i>						
Maternity Allowance						
Pension Credit						
Personal Independence Payments (PIP) - Daily Living						
Personal Independence Payments (PIP) - Mobility						
Retirement Pension						
Severe Disablement Allowance						
War Disablement Benefit						
War Pension						
War Widow's Pension						
Widow's or Widower's Benefit						
Working Tax Credit						

Any other benefits not listed

Do you or your partner work for an employer?

Yes

No **If NO go to Part 7**

*If you work for more than one employer, tell us about the employers on another piece of paper and send it with this form.
If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box*

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
Your employer's name	<input type="text"/>	<input type="text"/>
Your employer's address	<input type="text"/>	<input type="text"/>
When did you start this job?	<input type="text"/>	<input type="text"/>
Are you employed for a limited period?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, what date will it end?	<input type="text"/>	<input type="text"/>
How often do you get paid?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How much do you get paid before deductions?	<input type="text" value="£"/>	<input type="text" value="£"/>
How much tax do you pay?	<input type="text"/>	<input type="text"/>
How much National Insurance do you pay?	<input type="text"/>	<input type="text"/>
How much Pension Contributions do you pay?	<input type="text"/>	<input type="text"/>
When was your last pay rise?	<input type="text"/>	<input type="text"/>
How many hours a week do you work?	<input type="text"/>	<input type="text"/>
Are you getting Statutory Sick Pay (SSP), Statutory Maternity Pay (SMP) from your employer currently?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you getting any other sick pay or maternity pay from your employer currently?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you pay into a private or company pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, how much?	<input type="text" value="£"/>	<input type="text" value="£"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
Do you get tips, bonuses or commission?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, how much?	<input type="text" value="£"/>	<input type="text" value="£"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>

Part 7 — About any other work

Do you or your partner do any other work? Yes

No **If NO go to Part 8**

This could be voluntary or any other work, even if it is unpaid.

You

Your partner

What kind of work do you do?

Your employer's name

Your employer's address

When did you start this work?

Do you get paid?

Yes No

Yes No

If you only get expenses or tips, still tick 'yes' and give details.

If YES how much?

£

£

How often?

Every

Every

Part 8 — About students

Are you or your partner a student? Yes

No **If NO go to Part 9**

Student means someone who is at college or university.

Student income

You

Your partner

Value of grant, loan or bursary

£

£

Value of any money paid by parents or deed of covenant

£

£

Course details

Name of course

Type of course

Date academic year starts

Date academic year ends

When does the course end?

Part 9 — Rent

Do you pay rent?

Yes

No **If NO go to Part 10**

You

Your partner

If YES how much?

£

£

How often?

Every

Every

Landlord's name

Landlord's registration number

Landlord's address

Tenancy Reference number

Part 10 — About being self-employed

Are you or your partner self-employed?

Yes

No **If NO go to Part 11**

You must send us your profit and loss accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other proof of your income.

You

Your partner

What kind of work do you do?

When did the business start?

Business address

Are there any other partners in the business?

Yes No

Yes No

How many hours a week do you work?

Do you get a business start up allowance?

Yes No

Yes No

Do you pay into a private pension scheme?

Yes No

Yes No

Part 11 — About other money coming in

Do you, your partner, or children have any money coming in that you have not already told us about on this form?

Yes

No **If NO go to Part 12**

For example: pensions from a previous employer, cash-in-lieu payments, maintenance or child support for you, your partner or any of the children you have told us about on this form; and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants. You do not have to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

Other money 1

What is the money for?	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>
How much do they get?	<input type="text"/>	<input type="text"/>
How often?	<input type="text"/>	<input type="text"/>

Other money 2

What is the money for?	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>
How much do they get?	<input type="text"/>	<input type="text"/>
How often?	<input type="text"/>	<input type="text"/>

Other money 3

What is the money for?	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>
How much do they get?	<input type="text"/>	<input type="text"/>
How often?	<input type="text"/>	<input type="text"/>

Does anyone owe money to you, your partner or any children you are claiming for?

Yes No

If YES, what for?

How much? £

Part 12 — Bank accounts, capital, savings and investments

By capital we mean any money you have in banks or buildings societies, INCLUDING your current account (if you have one). This also means investments like stocks and shares, and property or land that you own (other than the home you live in).

Do you, or your partner, have any bank accounts, capital, savings or investments? Yes No If NO go to Part 13

If there are more than 3 accounts, tell us about the others on a separate piece of paper and send it with this form.

If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box

Do you or your partner have any bank accounts? Yes No
Current and/or savings.

If YES tell us about them.

	1	2	3
Name of bank	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Whose name is the account in?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is in the account?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Do you or your partner have any building society accounts? Yes No

If YES tell us about them.

	1	2	3
Name of building society	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Whose name is the account in?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is in the account?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Do you or your partner have any post office accounts? Yes No

This includes savings accounts.

If YES tell us about them.

	1	2	3
Type of account	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Whose name is the account in?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is in the account?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

You

Your partner

Do you or your partner have any **Premium Bonds**?

Yes No

Yes No

If so, how many?

£

£

Do you or your partner have any **National Savings Certificates**?

Yes No

Yes No

If so what is their value?

£

£

Do you or your partner have any **Stocks, Shares, Bonds or Unit Trusts**?

Yes No

Yes No

If so, how many?

£

£

Do you or your partner have any **other capital, savings or investments**?

Yes No

Yes No

If so what is their value?

£

£

Do you or your partner own any **land or property other than the home you live in?**

Yes No

Yes No

If YES, provide the addresses:

Use this box to tell us anything else you think we should know about.

Use a separate sheet and attach it to this form if you need to. If you are sending a separate sheet of paper, tick this box

Part 14 — Person completing this form on behalf of a claimant

If this form has been filled in by someone other than the person claiming please provide the following details:

Name of person who completed the form _____

Contact address _____

Telephone number _____

Relationship to the claimant _____

Please tell us why you are filling in this form for the person claiming

Signature of the person completing this form _____ Date

Claimant's signature: _____ Date

Are you the claimant's representative: Yes No

If not, please provide the representative's details:

Name of representative _____

Contact address _____

Telephone number _____

Relationship to claimant _____

Signature of representative _____

Signature of claimant _____

Note: When you agree to act as a representative, you must take full responsibility, for the person's Council Tax Reduction/Second Adult Rebate claim. This means you must make the claim and tell us of any changes in the person's circumstances.

Even if someone else has filled in this form for you, you must sign the declaration if you can. If you have a partner, they must sign this declaration as well.

Please read this declaration carefully before you sign and date it.

This is my claim for Council Tax Reduction/Single Person Discount/ Second Adult Rebate.

I declare that the information I have given on this form is correct and complete. I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.

I agree that you will use the information I have provided to process my claim for Council Tax Reduction or Second Adult Rebate. You may check some of the information with other sources as allowed by law.

I agree that you may use any information I have given in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private companies, if the law allows this.

I agree to advise you immediately in person, over the phone or in writing about any changes in my circumstances which may affect my claim.

I agree that you will use the information to work out if I can get a reduction on my Council Tax.

I understand that you are under a duty to protect public funds you handle, and for this reason you may use the information I have provided on this form to prevent and detect fraud. You may also share this information, for the same purpose, with others responsible for auditing or handling public funds.

I have read and understood the above declaration

Signature of person claiming

Date

Signature of partner/spouse/joint tenant as appropriate

Date

Privacy Notice

We are using the information you have provided in order to process Council Tax Reduction, Single Person Discount or Second Adult Rebate. You have given your consent to us processing your personal information. You can withdraw your consent at any time; you cannot withdraw your consent for a past period only from a current date.

The information will be shared with relevant services within the Council. These services may include Housing and Environment, Adult Wellbeing, Children’s Wellbeing, Finance and Education, Revenues, Benefits & Financial Assessments. We will keep your personal data for 6 years/for as long as you are a service user, and use only for its original purpose.

For more information about how and why we use your personal data, visit www.eastlothian.gov.uk/ctrprivacy

Revenues Equality Monitoring Form

East Lothian Council, Support Services, PO Box 13261, Haddington, East Lothian, EH41 3YG

Equalities

To link our information with national statistics, the questions in this section have been mainly taken from the 2001 Census. Please complete these sections.

1. Sex Male Female I prefer not to answer

2. Date of Birth I prefer not to answer

3. Marital Status Single (never married) Married Cohabiting Widowed
Separated Divorced I prefer not to answer

4. How do you identify your sexual orientation?

Bisexual Gay/Lesbian Heterosexual I prefer not to answer

5. Disability:

The Disability Discrimination Act 1995 defines a disability as “a physical or mental impairment which has a substantial or long term adverse effect on a person’s ability to carry out normal day-to-day activities”.

Using this definition as a guide, do you consider yourself to have a disability?

Yes No I prefer not to answer

If YES please give details:

6. What religion, religious denomination or body do you belong to?

None Church of Scotland Roman Catholic Other Christian *Please give details*

Buddhist Hindu Sikh Muslim Jewish

Another religion *Please give details* I prefer not to answer

Ethnic origin

Choose a section, A-E and complete.

A White	B Mixed Background	C Asian	D Black	E Other Ethnic Background
<input type="checkbox"/> Scottish <input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Welsh <input type="checkbox"/> Other <i>Please give details</i> ----- <input type="checkbox"/> Other White Background <i>Please give details</i>	<input type="checkbox"/> Any mixed background <i>Please give details</i> -----	<input type="checkbox"/> (Asian Scottish, Asian English, Asian Welsh, Other Asian British) <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <i>Please give details</i> -----	<input type="checkbox"/> (Black Scottish, Black English, Black Welsh, or other Black British) <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <i>Please give details</i> -----	<i>Please give details</i> -----

I prefer not to answer