

**APPLICATION FOR A COUNCIL TAX DISCOUNT -  
18 YEAR OLDS FOR WHOM CHILD BENEFIT IS PAYABLE**

*To be completed by the Council Taxpayer*



Our Ref:  
Telephone: 01452 396396  
Email: [revenues@gloucester.gov.uk](mailto:revenues@gloucester.gov.uk)  
Website: [www.gloucester.gov.uk](http://www.gloucester.gov.uk)  
Date:

Please fill in this form and return it to us within 14 days of the date shown above.

If you have any questions about this letter, please e-mail us at [revenues@gloucester.gov.uk](mailto:revenues@gloucester.gov.uk) or telephone us on **01452 396 396**. If you want to discuss your Council Tax at our offices, you'll need to make an appointment in advance. Based on the information you've given we'll either update our records and send a new bill to you or contact you for more information.

1) Full name and address of Council Tax payer:

.....  
.....

2) Total number of persons over the age of 18 living in the property:

**Child Benefit person's details**

1) Please give the full name of the person who is aged 18 for who you receive Child Benefit:

.....

2) Please give their date of birth (dd/mm/yy):.....

3) Please give the full name and address of the school or college where the person is continuing their full-time education:

.....  
.....

4) Please give the person's course start and intended end date (dd/mm/yy): Start:..... End:.....

5) Please give the intended date that Child Benefit payments will stop being received

(dd/mm/yy): .....

**For this discount to be considered you need to supply evidence of Child Benefit being paid. If you have a recent letter regarding your Child Benefit payments, please supply this when returning this letter.**

**Declaration:**

I declare that the information given is correct. I do not object to the council making any necessary enquiries to check this information. If there are any changes in the future to the information I have given, I must notify Gloucester City Council of any changes in circumstance within 21 days. Failure to report a change may result in a penalty and possibly lead to prosecution.

Signature:

Print full name:

Email address:

Phone number:

Date:

(You do not have to tell us your telephone number or email address, but doing so will help us to contact you quickly in case we need any more information)

**The information you have provided on this form will be used in order for Gloucester City Council to process your council tax. Please sign the declaration above and return the completed form to Gloucester Revenues & Benefits, PO Box 2017, Pershore WR10 9BJ**

**Uploading this form and supporting evidence**

Why not save time and upload the completed form free of charge by registering for a 'My Gloucester' account by going to our website at [www.gloucester.gov.uk/mygloucester](http://www.gloucester.gov.uk/mygloucester)

**Data Protection Privacy Statement**

**Any personal information that you provide will be processed in accordance with current Data Protection laws. It will be used by Gloucester City Council and our partners to deliver and improve services and fulfil our legal duties. We will not disclose any personal information to anyone else unless required or allowed to do so by law. Read more about how we use personal data on our website: [www.gloucester.gov.uk/about-the-council/data-protection-freedom-of-information/data-protection/](http://www.gloucester.gov.uk/about-the-council/data-protection-freedom-of-information/data-protection/)**