

Revenues Department Milton Keynes Council PO Box 5327 Civic Offices 1 Saxon Gate East Central Milton Keynes MK9 3ZA

LGSS COUNCIL TAX DISCOUNT APPLICATION - APPRENTICE

Apprentices may, in certain circumstances, be disregarded for the purposes of calculating the number of adult residents at a property.

Where there is only one adult resident, or the number is reduced to one or zero after deducting disregarded persons, a discount from Council Tax may apply.

If you think that a discount may be applicable, please complete this form and submit it to the address at the top of this letter or scan a copy to the email address at the bottom of this letter.

Items marked with an asterisk (*) must be completed.

| SECTION 1 – PROPERTY GIVING RISE TO THE CHARGE | | |
|--|----------------|--|
| Address* | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of adult residents in the property | | |
| (aged 18 or over)* | | |
| SECTION 2 – APPLICANT (The Person liable to pay the Council Tax) | | |
| Title* | | |
| Forename* | | |
| Surname* | | |
| Address (if different from above) | | |
| | | |
| | | |
| | | |
| | | |
| Talanka a Maraka W | | |
| Telephone Number* | | |
| Mobile Number | | |
| Email Address* | | |
| Reference Number | 15.40005415165 | |
| SECTION 3 – THE APPRENTICE | | |
| Title* | | |
| Forename* | | |
| Surname* | | |
| Date Apprenticeship commenced* | | |
| Date Apprenticeship is expected to cease | | |
| Date of Birth | | |
| SECTION 4 – TO BE COMPLETED BY THE EMPLOYER | | |

Telephone: 01908 253794

Email: counciltax@milton-keynes.gov.uk

Website: http://milton-keynes.gov.uk/Council-Tax



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I confirm that the individual named in section 3 is employed as an apprentice and fulfils the following conditions:

- 1. He/she is aged 18 years or over
- 2. He/she is employed for the purposes of learning a trade, business, profession, office employment or vocation
- 3. Undertaking a programme of training leading to a qualification accredited by the National Council of Vocational Qualification
- 4. Employed at a salary, or in receipt of an allowance, or both, which are, in total:
 - (i) Substantially less than the salary he/she would be likely to receive if he/she had achieved the qualification in question and
 - (ii) No more than £195 per week

| Name of Employer* | |
|--|--|
| Address of Employer* | |
| | |
| | |
| | |
| Signature of Employer* (by signing this, you are | |
| confirming that the statement at the beginning | |
| of section 4 is true) | |
| Full Name* | |
| Position* | |
| Date | |

Declaration

I confirm that the information given above is, to the best of my knowledge, true and accurate. I also undertake to notify the Council within 21 days of any change of circumstances which may affect my entitlement to the discount or exemption and that failure to do so may result in a £70 penalty being incurred.

Milton Keynes Council collects and uses information about you to calculate and collect the Tax in accordance with The Local Government & Finance Act 1992. Full details about how we use this data and the rights you have around this can be found at www.milton-keynes.gov.uk/privacy

If you have any data protection queries, please contact the Data protection officer at data.protection@milton-weynes.gov.uk. For more information please read our corporate Data Protection statement and/or the Council Tax Privacy Notice.

| TO COCC | |
|----------------------------|--|
| Full Name (BLOCK CAPITALS) | |
| Signature | |
| Date | |
| Telephone | |

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