NORTH EAST LINCOLNSHIRE COUNCIL
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NORTH EAST LINCOLNSHIRE COUNCIL
FINANCE DEPARTMENT
CIVIC OFFICES, KNOLL STREET,
CLEETHORPES, DN35 8LN

Telephone 01472 323840 Fax 01472 323746

COUNCIL TAX - DISCOUNT APPLICATION FOR YOUTH TRAINING TRAINEES

form ref. C/DYA

Full liability for Council Tax assumes that at least two eligible adults (aged 18 or over) have their main residence in the household.
Persons undertaking a Youth Training program may be disregarded from the count of eligible adults in the household.
The Taxpayer may qualify for a discount where an adult member of the household is a Youth Training Trainee under the age of 25 and is undertaking an individual training plan in accordance with arrangements made under Section 2 of the Employment and Training Act 1973.
The amount of any discount will depend upon the number of eligible adults left in the household after all disregarded persons are excluded.

(One eligible adult 25% discount No eligible adult 50% discount)

Council Tax payer details

Name……

Address……

……

Council Tax account number (if known)……

Details of Trainee

First name(s).....Surname.....

Date of birth .....

Name of Youth Training Co-ordinator .....

Contact address .....

.....

DECLARATION

I authorise you to seek on my behalf confirmation from my Youth Training Co-ordinator any details in relation to this application.

Signature of trainee ..... Date .....

Details of household

Please give details of all the adults who live in the household.
Please include anyone who may be temporarily absent (e.g. on holiday, in hospital, working away)

....

....

List below anyone in the household who is aged 16 or 17 date of birth

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DECLARATION BY TAXPAYER

I accept responsibility for making this application and declare that the details stated are true to the best of my knowledge and belief.
I will advise the Council immediately if the person named ceases youth training or if another adult moves in.
I understand that I may be subject to a penalty of £50, and subsequent penalties of £200, if it is found that I have knowingly supplied false or inaccurate information.

Signature of taxpayer ..... Date .....

Telephone number in event of query .....