



| | For office use Only | |
|--|---------------------|--|
| | PRN: | |
| | DATE SENT: | |
| APPLICATION FOR COUNCIL TAX DISCOUNT - YOUTH TRAINING TRAINEES | | |
| Thank you for your enquiry regarding a reduction in your Council Tax. Please fill in this form and return it immediately to: Birmingham City Council , Resources , (Revenues and Benefits), P.O Box 5, Birmingham B4 7AB. | | |
| Council Tax Payer: Full Name | | |
| Address | | |
| | | |
| Section A | | |
| Including yourself, how may people live in y who are aged 18 or over | our house | |

Section B

The trainee's employer must complete this part of the form.

| Trainee Scheme Details | | |
|---|--|--|
| i. What date did the trainee start? | | |
| ii. What date is the scheme due to finish? | | |
| iii. Is the Trainee:- | | |
| a) Under the age of 25? Yes / No | | |
| b) Undertaking training with an individual training plan under the Employment and Training Act 1973? Yes / No | | |
| Declaration | | |
| The information supplied on this form is correct and may be checked by the Council Tax Office. | | |
| Signature of employer (or representative) | | |
| Job Title | | |
| Date | | |
| | | |
| Official Company Stamp Stamp Here | | |
| NOTE: If this form is not stamped by the employer, the council Tax discount may not be granted. | | |

Section C

Birmingham City Council has a duty to maintain accurate records for billing and collection of Council Tax. In order to meet this requirement the City periodically reviews all records including those where allowances discounts and relief's are granted. These records may be checked by using information already held by the City and its partner organisations such as credit referencing agencies to identify cases where such allowances, discounts and reliefs no longer apply.

Declaration

I declare the information that I have given is correct and complete to the best of my knowledge. I understand the council may make enquiries to verify the information I have given.

I will notify you immediately if my circumstances change which will affect the amount of Council Tax I am charged.

Please sign the form and give your daytime telephone number, as it may help us to deal with your application quickly.

| Signed | Date |
|------------------|---------------|
| Print Name | |
| Telephone Number | Email address |