

PLEASE RETURN TO:

NORTH LANARKSHIRE COUNCIL
PO BOX 9060
MOTHERWELL ML1 1PF



Name: _____

Address: _____

Chief Executive's Office

Elaine Kemp
Head of Financial Solutions
PO Box 9060
Motherwell
ML1 1SH
www.northlanarkshire.gov.uk

*The above must be completed

Council Tax Reference: _____

(As per Council Tax Notice)

COUNCIL TAX EXEMPTION : STUDENTS

In terms of schedule 11 of the Local Government Finance Act 1992, and the Council Tax (Exempt Dwellings) Scotland Order 1992 (as amended), a dwelling house may be exempt from council tax (including the water charge) if it falls within either of the categories shown below.

An **occupied** house:

Which is occupied by at least one person who is a **student** and it is not the sole or main residence of any person other than: -

- Another student;
 - A student's spouse or dependant who is not a British Citizen;
 - A person disregarded for discount purposes on the basis of being severely mentally impaired or a school leaver; or
 - A person under the age of 18 years
-
- **Please supply the details requested, sign the declaration overleaf and return this form, together with any supporting documentary evidence, to the address shown above.**
 - **Please note: Exemption will not be granted unless supported by evidence to verify your application.**
 - **An inspection of your property may be required.**

Yours sincerely

P Doherty
Incomes Manager



EXEMPTION: STUDENT

Reference No.: _____

SECTION 1: To be completed by a liable person.

I apply for exemption on the basis that

(name) _____ Date of Birth / / _____

Meets the qualifying conditions noted overleaf.

The number of adults (including the above named) usually resident in the house is

SECTION 2 : To be completed by the Educational Establishment.

NB: Students studying at the UWS and NCL do not require to complete this section as information is provided by the University/College electronically

I confirm that the above person is taking the following course of education:-

Certificate / Qualification: _____

Course Name: _____

Course Start Date: ___ / ___ / ___ Course End Date: ___ / ___ / ___.

Length of course within academic year: _____ months

Average attendance per week: _____ hours.

ESTABLISHMENT STAMP



Signed: _____

Position: _____

Date : ___ / ___ / ___.

DECLARATION

I DECLARE that I will notify the Council within 21 days of any change in circumstances which may affect my liability e.g. exempt status no longer applies or the number of adults in the house increases.

NOTICE UNDER THE DATA PROTECTION ACT & INFORMATION GOVERNANCE

It is an offence to give false information. Make sure that you understand what you have written before you sign the declaration. Any claim that is found to be fraudulent may be passed to the Procurator Fiscal and may be subject to criminal prosecution. We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of the information to prevent or detect crime or to protect public funds in other ways, as permitted by law. These third parties include Government Departments, Local Authorities and Credit Reference Agencies.

NOTE: - It would assist the Council if you notify the Head of Financial Solutions in the event of a change of address.

Signature of Liable Person: _____

Date: ___ / ___ / ___.