



Selby District Council,
Local Taxation Section,
Civic Centre, Doncaster Road,
Selby, North Yorkshire YO8 9FT
Tel: 01757 705101

Web site: www.selby.gov.uk
E-mail: localtaxation@selby.gov.uk

KAREN L. IVESON C.P.F.A, MBA
Executive Director

Application for Council Tax Discount / Disregard Apprentice

Please complete and return to the above address

Account no:	Property ref:
Date of Issue:	

Qualifying criteria:

The person must be:

- a) employed in order to learn a trade, business, office, profession, etc.
- b) undertaking training leading to a qualification from the National Council for Vocational Qualifications.
- c) currently earning less than £195 per week

Please complete Parts A to C. Your employer must complete Part E.

PART A: PERSON DETAILS

DETAILS OF PERSON FOR WHOM DISCOUNT IS REQUIRED:

Title	Forename(s)	Surname	Owner*	Tenant*	Other. Please specify

* Please tick appropriate box

OTHER RESIDENTS' DETAILS: (aged 18 or over)

Title	Forename(s)	Surname	Relationship To You

PART C: PROPERTY DETAILS

Name: _____

Address: _____

Postcode: _____

Council Tax Account Number

PART D: DECLARATION

Please note that you have a legal duty to notify the Council within 21 days if your discount / disregard no longer applies.

I declare that the information supplied is correct to the best of my knowledge

Signed _____

Print name _____

Date _____

Daytime Tel no _____

Warning – to provide false or misleading information is a criminal offence

PART E: TO BE COMPLETED BY THE EMPLOYER

Name: _____

Address: _____

Postcode: _____

1. Is the applicant employed by you for the purpose of learning a trade, business, profession or vocation? (Please tick appropriate box) Yes No

2. Is the applicant undertaking a programme of training leading to a qualification accredited by the National Council for Vocational Qualifications? (Please tick appropriate box) Yes No

3. Date Apprenticeship commenced _____

4. Date Apprenticeship is due to end _____

5. Please enter below details of this person's last 5 weeks or 2 month's gross earnings (including salary and/or allowances)

Week/month ending					
Gross wages					

I declare that the information supplied is correct to the best of my knowledge

Signed _____

Print name _____

Date _____

Tel no _____

Employer's stamp

FOR OFFICE USE ONLY:	
Date Received	
Form Received by	
Form Checked by	
Form to be scanned as	DISCOUNT

Enquiries: 8.30am to 5.00pm Monday / Tuesday / Thursday.
 10.00am to 5.00pm Wednesday
 8.30am to 4.30pm Friday