

**Executive Director of Financial Services**

Robert Emmott  
BSc (Hons) CPFA

**Postal Address:**

Glasgow City Council  
P O Box 36  
Glasgow G1 1JE

**Council Tax Reference** \_\_\_\_\_**Council Tax Exemption/Discount Application- Care Leavers**

In terms of the Council Tax (Exempt Dwellings) Scotland Order 1997 (as amended) and the Council Tax (Discounts) (Scotland) Regulations 1992, a dwelling house may be entitled to a reduction in Council Tax (including the water and sewerage charges) if it falls within the category shown below.

**An Occupied Dwelling:****Which is occupied by a person who**

- (a) is at least 18 years of age but not yet 26 years of age;
- (b) was on that person's sixteenth birthday or at any subsequent time looked after by a local authority; and
- (c) is no longer looked after by a local authority.

Please complete the details overleaf, sign the declaration and return to this office at the address above or scan and email to [counciltax@fs.glasgow.gov.uk](mailto:counciltax@fs.glasgow.gov.uk)

**We aim to respond to enquiries within 20 days. Please allow us this time to update our records**

Visit our Council Tax website to make an online payment, manage your account or check your balance: [www.glasgow.gov.uk/ct](http://www.glasgow.gov.uk/ct)

**You must tell us of any changes that may affect your Council Tax bill. Help us keep your bill right by telling us straight away.**

Glasgow City Council will never telephone you asking for your bank details to refund your Council Tax

Log on to [www.glasgow.gov.uk/privacy](http://www.glasgow.gov.uk/privacy) to find out how we will use your information

Address Of Property  
(Include Flat Position).

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Council Tax Reference  
Number.

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Your full Name

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Date of Birth

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Email address

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Phone Number

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How Many People reside in the house: \_\_\_\_\_

Please detail All Occupiers Here:

| Name | Date Of Birth |
|------|---------------|
|      |               |
|      |               |
|      |               |
|      |               |

**To be completed by the Local Authority who cared for you**

I confirm that the person named above was in local authority care on or after their 16<sup>th</sup> birthday

**Local Authority Stamp**

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**DECLARATION**

**I confirm that the information on this form is correct and authorise Glasgow City Council to check the details. If the property no longer meets the exemption requirements, I will notify The Council within 21 days. I understand that failure to do so is an offence, which may make me liable for a fine of £50 and £200 for each subsequent offence.**

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please print your name here \_\_\_\_\_

Please supply your daytime telephone number \_\_\_\_\_

**Please return your completed form to:**

Glasgow City Council, PO Box 36, Glasgow G1 1JE  
or scan and email to [counciltax@fs.glasgow.gov.uk](mailto:counciltax@fs.glasgow.gov.uk)