



Name _____

Subject Address _____

Council Tax Reference Number _____

Dear Council Tax Payer

COUNCIL TAX PROPERTY EXEMPTION APPLICATION – DWELLING OCCUPIED BY STUDENTS ETC.

In terms of schedule 11 of the Local Government Finance Act 1992, and the Council Tax (Exempt Dwellings) Scotland Order 1997 (as amended), a dwelling house may be exempt from Council Tax if it falls within the category shown below.

Please supply the details requested, sign the declaration and return this form, together with any supporting documentary evidence, to the address shown below.

OCCUPIED HOUSE

1. Where the sole occupier or all occupiers are students, or student(s) and spouse/dependent prevented from taking paid employment/claiming benefit.

QUALIFYING CONDITIONS STUDENT:

1. A person taking a specified course of education at a UK university or further educational establishment which lasts for at least 24 weeks within each academic year and where the period of study consists of an average of at least 21 hours per week.
2. A person, aged under 20, taking a specified course of education at an educational establishment where the period of study exceeds, on average, 12 hours per week and the course taken is not as a consequence of an office or employment held, nor arranged under any of the youth training schemes.
3. A person registered with the Central Bureau for Education Visits and Exchanges and working as a foreign language assistant at a school or other educational institution in Great Britain.

I consider exemption should apply from ____/____/____ to ____/____/____

PLEASE NOTE: PROPERTY EXEMPTION WILL NOT BE GRANTED UNLESS OVERLEAF IS COMPLETED

I declare that the information on this form is true and complete and I authorise Argyll & Bute Council to verify the details. If Exempt status no longer applies to this property I undertake to notify Argyll & Bute Council within 21 days of this occurring. I understand that failure to provide this information is an offence which may make me liable for an initial fine of £50 and £200 on repeated failure to do so.

Signature of Liable Person: _____ **Date:** _____

Data Protection Fair Processing Notice: Argyll and Bute Council, or their agents, will hold information supplied in accordance with the provisions of the Data Protection Act 1998, we will use the information you have supplied primarily for the collection and administration of tax. The information may also be used for other legitimate purposes e.g. housing and council tax benefit administration or private landlord registration. This information may also be shared with other Councils, governmental and quasi-governmental bodies. By completing and submitting this form you consent to the use of your personal data including, where appropriate, sensitive personal data. You have a right to apply for a copy of the information we hold about you, and to have any inaccuracies corrected. The set fee (where applicable) will be charged. Should you wish to exercise this right, your request must be made in writing to the Data Protection Officer, Argyll & Bute Council, Kilmory, Lochgilphead, PA31 8RT.

CLASS 10 – Council Tax Account Reference _____

EXEMPTION: STUDENT:

SECTION 1: TO BE COMPLETED BY A LIABLE PERSON

I apply for property exemption on the basis that

(Name) _____

Date of Birth ____/____/____

meets the qualifying conditions noted overleaf under paragraph number 1.

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

	Student	Spouse	Dependant	Other
Please list names of other resident adults: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: TO BE COMPLETED BY EDUCATIONAL ESTABLISHMENT

I confirm that the above named 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 (lectures and study periods)

SIGNED: _____

POSITION: _____

DATE: _____

OFFICIAL STAMP

