**APPLICATION FOR** **DISCRETIONARY COUNCIL TAX REIMBURSEMENT (CARE LEAVERS)**

As corporate parents, Surrey County Council are committed to providing a reimbursement to all care leavers supported by Surrey County Council **and** living outside of the Surrey Area for 75% of their council tax bill.

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**Date**: …………………………………………….……………...

**Name**:……………………………………………………………

**Date of Birth**:………………………………………………..…

**Address**:………………………………………………………………………………………. ………………………………………………………………………………………………….. ………………………………………………………………………………………………….........................................................................................................................................

**Telephone Number**…………………………………………………………………………

**I wish to apply for a Discretionary Council Tax Reimbursement on the grounds that I am under 25 years of age and a Care Leaver living outside of the county of Surrey.**

If you have an allocated PA, please provide their details below:

**Name:**…………………………………………………………………………………………. **Contact Number:**……………………………………………………………………………. **Email:**…………………………………………………………………………………………..

Please provide copies of the documents listed below to allow us to reimburse you.

|  |  |
| --- | --- |
| **Document** | **Enclosed** *(please tick)* |
| Copy of Council Tax Bill / Remittance in your name*This document must show the full amount of council tax that has been paid.* |  |
| Proof of payment*Accepted documents include copies of bank statements or a receipt from the council showing sum of payments made.* |  |

|  |  |
| --- | --- |
| Name of Account Holder |  |
| Account Number |  |
| Sort Code |  |

You may be contacted by your PA or the Surrey Finance Team for further information if required. If we do not receive copies of all necessary documents, we will be unable to process your claim.

1. What date did you move to this address? …………………………………………

2. List all adults (over 18) who currently occupy this address, including you.

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………….

3. If you are not the sole adult occupier, are any of the other adults care leavers under 25 years of age? **Yes/No** (delete as appropriate)

If Yes, please confirm the names and dates of birth of the other care leavers occupying the property

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4. Do you consent to **Surrey County Council** verifying that you are a care leaver?

**Yes/No** (delete as appropriate)

I declare that the information I have given on this form is correct and complete.

I understand that I must write and tell you of any changes in my circumstances which might affect this request (For example, if someone moves into or out of my home) within 21 days of the change.

I understand that if I provide incorrect information, or I do not tell you everything you need to know, you may take action against me.

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations which handle public funds.

It is an offence to give false information on this form.

**Signed**………..………………………………………………………………………………

**Name in block capitals**…………………………………………………………………….

Please send the completed form to your PA or the Care Leavers Service duty.deskleavingcare@surreycc.gov.uk