

Please quote: Council Tax/Child Benefit Claim Form  
Your reference: As shown on your bill  
Date:  
Please ask for:  
Telephone direct: (01424) 451081  
E-mail: [counciltax@hastings.gov.uk](mailto:counciltax@hastings.gov.uk)  
Web: [www.hastings.gov.uk](http://www.hastings.gov.uk)



**Revenues and Benefits Service**  
Aquila House, Breeds Place  
Hastings, East Sussex  
PO Box 176  
TN34 1PY

## **COUNCIL TAX STATUS DISCOUNT: PERSONS IN RESPECT OF WHOM CHILD BENEFIT IS PAYABLE**

When calculating the level of Council Tax payable, a person may be disregarded if that person is 18 years of age and Child Benefit is paid in respect of them.

In order that I may consider your claim please read and complete the attached form and return to the above address.

If you have any query about the form, or require any assistance to complete it, please do not hesitate to contact my office on the above number.

Yours sincerely,

Revenue Service Manager



INVESTOR IN PEOPLE

## COUNCIL TAX STATUS DISCOUNT: CHILD BENEFIT IS PAYABLE

**Please quote your Council Tax Account Reference Number:** .....

To be eligible for a status discount as a person whom Child Benefit is payable, the following conditions must apply.

1. The individual is a person who has attained the age of 18 years; but
2. Is a person in respect of whom another person is entitled to Child Benefit, or would be so entitled but for paragraph (1C) of schedule 9 to the Social Security Contributions and Benefits Act 1992.

Please complete this box so that your claim can be considered.	
Name of Person for whom Child Benefit is payable	
Date of birth	
Name and address of Parent or Guardian to Whom Child Benefit is paid	
DSS Child Benefit book reference number	
Name and address of School/College	
Date expected to leave School/College	
Your Signature:	Date:

