

HORSHAM DISTRICT COUNCIL
WORKING IN PARTNERSHIP
WITH LGSS

0808 164 8610 (Phone calls may be recorded)

<https://www.lgss-revs-bens/Horsham>

LGSS COUNCIL TAX APPLICATION FORM FOR DISREGARD FOR DISCOUNT PURPOSES – STUDENT NURSE

| DETAILS OF THE PERSON TO BE DISREGARDED | |
|--|--|
| Council Tax Account Reference Number | |
| First Name | |
| Last Name | |
| Home Address | |
| Employer's name and address | |
| Employer's Telephone Number | |
| Date course started | |
| Date course due to end | |
| Qualification expected at the end of the course | |
| DON'T FORGET TO ENCLOSE THE LETTER OF CONFIRMATION FROM THE STUDENT NURSE'S EMPLOYER | |
| Number of people aged 18 or over who have your address as their main home (including any people to be disregarded) | |
| Number of people aged 16 or 17 who have your address as their main home | |

DECLARATION

I declare that the information given on this form is complete and accurate to the best of my knowledge. **REMEMBER, if you give false information you may be prosecuted.**

In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds.

| | |
|----------------------------|--|
| Full Name (BLOCK CAPITALS) | |
| Signature | |
| Date | |
| Telephone | |