

COUNCIL TAX APPLICATION FOR DISCOUNT OR EXEMPTION STUDENTS

Name and address of council tax payer

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Please give details of all students

| Name of student | Name of college | Date moved in | Date of birth |
|-----------------|-----------------|---------------|---------------|
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Please give the names of all other persons aged 18 or over resident at the property
 (If none, please write NONE)

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Please give the names of all persons aged 16-17 resident at the property
 (If none, please write NONE)

| | |
|------------|---------------------|
| Name | Date of birth |
| Name | Date of birth |
| Name | Date of birth |

DECLARATION

I declare that the above information is, to the best of my knowledge, true and accurate.

Signed Name in block capitals

Application Date

This form should be completed and returned with a STUDENT CERTIFICATE FOR EACH STUDENT (Please ask your college for advice on this)

This completed form should be returned to:
 Medway Revenues and Benefits Service, Civic Centre, Strood, Rochester, Kent M2 4AU