

HARBOROUGH DISTRICT COUNCIL

Revenues and Benefits Service, PO Box 10004, HINCKLEY, LE10 9EJ

Telephone: 01858 828282 Fax: 01455 619853

E-mail: counciltax@harborough.gov.uk Website: www.harborough.gov.uk

Application for discount for care leavers

Full name:		Date of birth:	
Current address:		Council tax account reference (if known):	
		Care leaver reference (if known):	
		No of adults (over 18):	
Any other address you may owe council tax for:		Date of occupation:	
Email address(es):		Telephone number(s):	
If you would like us to be able to talk directly with a friend, relative, case worker or adviser about your council tax, please give their details below:			
Name	Relationship to you	Email address	Phone number
Please answer the following questions:			
Were you in care on you 16th birthday		Yes	No
Were you in care for at least 13 weeks from the age of 14		Yes	No
Where you were in care (Full address needed)			
If you were in care with a cou County Council, please provide	ncil other than Leicestershire de full contact details.		
Declaration: I can confirm that the information contained in this application is true and correct to the best of my knowledge and belief.			
Signed:		Date:	
Post your completed application to: The Revenues Section The Leicestershire Partnership			

The Revenues Section
The Leicestershire Partnership
PO Box 10004
Hinckley
Leicestershire
LE10 9EJ