

## **Council Tax – Care Leavers Exemption Scheme (CLES)**

Harrow Council introduced a new policy from 1<sup>st</sup> April 2021, to help with some of the initial pressure for residents leaving care and moving into independent accommodation. If you are aged between 18 and 25, live in Harrow and have recently left care, you may not have to make direct payments of your Council Tax. You must be the only person responsible for payment and be supported by Harrow Council.

If awarded, the exemption will stop when you on your 25th birthday or the date that the above circumstances cease to exist whichever is the earlier. If you are not a sole occupier, then the amount of Council Tax that Children's Services will cover may be reduced. Be aware that you remain jointly and severally liable for the Council Tax even if you do receive support from Children's Services in the event that the other responsible adult does not make payment of the Council Tax bill.

To apply please complete this form in full and ask your care worker to complete part two of this application form. Once complete your care worker must sign the declaration at the end of the application form.

## **Part One**

Care leavers name:	
Date of Birth:	
Address:	
Date of Occupation:	
Council Tax Account	
Number:	

1)	Are you the only person over the age of 18 living at this address?	(Please indicate
	below)	

Yes	Please carry on to the next questions	
Yes No	Please carry on to the next questions  Provide details of any other adult occupiers at the property, date they occupied and their status so that we can review whether any reduction can be considered.	
	Continue on a separate sheet if necessary	

Should your circumstances change, and you no longer meet the qualifying criteria, you must notify us within 21 days. You can do this via the evidence upload form link as below.

By signing this form, you agree that, to the best of your knowledge, the information contained on the form is true and correct.

This authority is required by law to protect the public funds it administers. We may share information you provide with other bodies responsible for auditing, or administering public funds, or where undertaking a public function, in order to prevent and detect fraud. We may also share information you provide to a Specified Anti-Fraud Organisation (SAFO) for the purposes of preventing and detecting fraud. For further details on this please visit <a href="www.harrow.gov.uk/privacy">www.harrow.gov.uk/privacy</a> and select Corporate Anti-Fraud Team.

Please sign to confirm that you understand the above declaration and provide the below details

Name:	Title:	
Signature:	Date:	
Contact	Contact Email	
Phone	Address	
Number		

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## Part Two (to be completed by your Support Worker)

The following are conditions for the relief to be met. By noting the below as yes you are confirming that the named person meets the criteria in the policy for the Care Leaver's Exemption Scheme (CLES)

I confirm that: -

- a) The claimant meets the definition as a former relevant child under the Children Act 1989 YES/NO
- b) The claimant has applied for any relevant national reliefs, exemptions or discounts **YES/NO**
- c) The claimant has been given a Single Person Discount this will appear on the Council Tax Bill (or submitted an application for this via <a href="https://www.harrow.gov.uk/spd">www.harrow.gov.uk/spd</a> **YES/NO**
- d) The claimant has applied for or qualifies for Council Tax Support- this will appear on the Council Tax Bill (or submitted an application for this via <a href="www.harrow.gov.uk/benefits">www.harrow.gov.uk/benefits</a> YES/NO
- e) The claimant has been supported to claim any relevant mandatory discounts or benefits to reduce the Council Tax Debt **YES/NO**
- f) The claimant is aged between 18-24 years old YES/NO
- g) You can confirm that the claimant is a care leaver received from **Harrow Children's Social Services** team **YES/NO**
- h) You have confirmed that the claimant was in the care of Harrow Council for at least 13 weeks since the age of 14 and that they were in care on their 16<sup>th</sup> birthday **YES/NO**

If you are able to confirm all of the above as yes, please sign and complete the below.

	<i>y</i> ,	1 1	
Name:		Title:	
Signature:		Date:	
Contact		Contact Email	
Phone Number		Address	

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Please return this application by uploading it via our website at <a href="www.harrow.gov.uk/evidenceform">www.harrow.gov.uk/evidenceform</a> or posting it to Harrow Council, Council Tax, PO Box 731, Harrow, HA3 3RG