Council Tax

Exempt Dwellings

CLASS I EXEMPTION

NAME:

ADDRESS:

COUNCIL TAX PROPERTY EXEMPTION FORM
(DWELLINGS LEFT EMPTY BY PATIENTS RECEIVING CARE)

This form will help the Council determine whether your property should be exempt from Council Tax. It will also assist the Council in determining from when, or up to, which date the exemption should apply.

To qualify the person must have gone to live with someone else to receive care, or has entered an institution not regarded as a hospital or care home. However, the relevant absentee must be receiving care due to old age, disablement, illness, past or present alcohol or drug dependence, or past or present mental disorder. The unoccupied dwelling must have previously been the sole or main residence of the absent person, who must have been a relevant absentee for the whole of the period since last living in the property.

Address at which you are receiving care: __________________________________________
___________________________________________________________________________________

Who provides the care? ____________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

DECLARATION

I understand that the Council may wish to check the information I have given. I will tell the Council immediately about changes in the status of the property. I understand that under the Local Government Finance Act 1992, anyone giving false information could be prosecuted or face imposition of penalties. As far as I know the information I have given is true and accurate.

SIGNED ___________________________ DATED ________________________

NB. This information may be used by the Council for other relevant purposes.