



**Property No.:**

**Date:**

**Return Date:**

**Please read this form carefully before completing and returning it by the date printed above**

**Section A - Liable Person**

This part constitutes a notice under Regulation 3 of the Council Tax (Administration and Enforcement) Regulations 1992 (S.I. 1992 No 613). **You must supply the information which is required within 21 days.**  
 To find out who will have to pay for your home, look down the list below. *As soon as you reach* a description which applies to one or more people in your home, they are "liable" and responsible for paying the bill.

**LIABLE STATUS**

- A A resident with a freehold interest - This will normally be a person who owns or is buying their home.
- B A resident with a leasehold interest - This will be a person who is buying their home or holds a long lease on the property.
- C A resident who is a statutory or secure tenant - This will be a person who is renting their home.
- D A resident who has a contractual licence to occupy the property - This will be a person who has permission to reside in a property whether or not they pay rent.
- E Any other resident - This will be a person who resides in a property whether or not they have permission.

To enable the Council to establish the names of the person(s) who are liable to pay the Council Tax, **please list all persons** aged 18 or over who have their main home in the property. Only the names of the liable persons will be held on the computer.  
**If you have another property which is your MAIN residence (e.g. Family Home) to which you return periodically, then you must complete section B.**

| Surname | Title | Forenames | ✓ Partner of Liable Person | Liable Status as above A, B, C, D or E | Date of Purchase / Start of Tenancy if after 1st April 1993 | Date you occupied the property if after 1st April 2004 |
|---------|-------|-----------|----------------------------|--|---|--|
|         |       |           |                            |  |   |  |
|         |       |           |                            |  |   |  |
|         |       |           |                            |  |   |  |
|         |       |           |                            |  |   |  |

Only the names of the liable persons will be held on the computer

**Is any part of the above property capable of being separately occupied?** Yes  No

**OLD ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

Date you moved out:     \_\_/\_\_/\_\_

Date furniture moved out:     \_\_/\_\_/\_\_

Date sold (or tenancy ended):     \_\_/\_\_/\_\_

Name of new occupier / leaseholder / tenant: \_\_\_\_\_

**NEW ADDRESS:**

Date you moved in:     \_\_/\_\_/\_\_

Date furniture moved in:     \_\_/\_\_/\_\_

Name and new address of previous occupier: \_\_\_\_\_

\_\_\_\_\_

Previous occupier's Solicitor / Managing Agent: \_\_\_\_\_

**Section B - Liability For Owners / Leaseholders / Second Homes**

Owner's name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Date Property Purchased / Lease Commenced / Became unoccupied: \_\_/\_\_/\_\_

Unoccupied properties only: Is the property? Furnished  Unfurnished

Occupied properties only: Is the Property a?  care home or nursing home  
 hostel or house divided into bedsits with shared cooking or washing facilities  
 dwelling lived in by a minister of religion  
 dwelling where all the people who live there are under 18 (Exempt)

(Please tick as appropriate)

### Section C - Claim For Single Person Household Discount

FULL NAME: \_\_\_\_\_

I confirm that with effect from \_\_\_/\_\_\_/\_\_\_, I am the only adult over 18 years of age living in this property. I claim a single person household discount. (If this is due to a previous resident now vacating the property, please give full name, date of vacation and forwarding address (if applicable) in Section F).

### Section D - Claim For Other Discounts

You may also qualify for a Council Tax Discount of:

- (i) 25% if all the people living in the property, **except one** come into the following groups **OR**
- (ii) 50% if **all** the people living in the property come into the groups.

If **all** the people usually living in the property fall within these groups identified with an asterisk (\*) you may qualify for exemption from Council Tax.

- |   |   |
|---|---|
| <input type="checkbox"/> * Students   | <input type="checkbox"/> * Severely Mentally Impaired Persons   |
| <input type="checkbox"/> Student Nurses   | <input type="checkbox"/> Persons employed as voluntary care workers   |
| <input type="checkbox"/> Apprentices  | <input type="checkbox"/> Persons providing care for the disabled resident who is <b>NOT</b> their spouse, partner or child under 18 |
| <input type="checkbox"/> Youth Training Trainees under 25 years of age  | <input type="checkbox"/> * Prisoners, except those detained for non-payment of a fine or Council Tax                                |
| <input type="checkbox"/> People aged 18 plus, in respect of whom child benefit is payable   | <input type="checkbox"/> * Long term patients in hospital / home  |
| <input type="checkbox"/> 18 & 19 year olds still in further education or just left further education after 30th April in any year | <input type="checkbox"/> Foreign language assistants  |
| <input type="checkbox"/> Members of Religious Communities (e.g. Monks & Nuns)   | <input type="checkbox"/> Member of visiting forces  |

If you think you may be entitled to a discount, please tick the appropriate box(es) and the relevant application form(s) will be sent to you shortly.

### Section E - Disabled Persons Reduction

If your property has been adapted to meet the needs of a disabled person, i.e. an extra room or space to use a wheelchair, please tick . A more detailed application form will be sent to you.

### Section F - Any Other Changes

Any other changes (such as people moving into or out of your property or children becoming 18 which could affect any discount, exemption or disabled relief claim.) Please give below; full name, relevant date of change and forwarding address if applicable.

If this change results in a single person discount becoming available, **SECTION C MUST** also be completed.

\_\_\_\_\_

\_\_\_\_\_

### Section G - Declaration - This Declaration Must Be Completed

I declare that the information given in this form is correct to the best of my knowledge and belief and I understand that I must advise the Council immediately if any of the circumstances change. I authorise the Council to undertake any inspection and / or checks to verify the details of this claim.

Signed \_\_\_\_\_ Full Name \_\_\_\_\_

Home Tel. No. \_\_\_\_\_ Daytime Tel. No. \_\_\_\_\_ Date \_\_\_\_\_

**General Data Protection Regulation (GDPR)** - The information provided on this form WILL BE TREATED AS CONFIDENTIAL and will be processed by and analysed on a computer system which is registered under the requirements of the Regulations. It will be used only:

- (i) To establish liability to the Council Tax and eligibility for other forms of statutory relief and allowances in relation to Council Tax;
- (ii) By authorised employees and registered external bodies (Valuation Office Agency, Benefits Agency); and
- (iii) To provide for management, administration and collection of the Council Tax

*We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations that handle public funds.*