

COUNCIL TAX CHANGES

Please complete **ALL** questions. If not applicable please write **NOT APPLICABLE**

NOTICE TO BENEFIT CLAIMANTS – FAILURE TO PROVIDE THIS INFORMATION COULD RESULT IN A DELAY IN PROCESSING YOUR BENEFIT CLAIM.

TOTAL NUMBER OF ADULTS

New Address **Postcode**.....

Old Address..... **Postcode**.....

Occupant Details

TITLE	CHRISTIAN NAME(S)	SURNAME	OWNER	TENANT	PARTNER

Date Property Purchased or Tenancy started?

Date Moved in?

Forwarding address of previous occupant?

Who is moving into your Old Address?

Where did they live before?

Do you wish to pay by Direct Debit?.....YES/NO DATE REQUESTED 1st 16th or 28th

SORT CODE..... **ACCOUNT NO.**

NAME(S) OF ACCOUNT HOLDER(S)

Any other details relevant to this change (including any Landlord's name and address etc.)

.....

Name & Address if person supplying the information.....

.....

SIGNATURE**PRINT NAME****DATE**

DISCOUNTS

Part A overleaf should be completed by a new owner/occupier wishing to claim a discount of 25% because the property is occupied by only one person.

Part B overleaf should be completed by a new owner wishing to claim a discount because the property Is empty or is not to be used as anyone's sole or main residence.

APPLICATION FOR COUNCIL TAX DISCOUNT

PART A

If you live alone, or only with children under 18 years old, you are entitled to a 25% discount from Council Tax.

How many people over the age of 18, including yourself, live in the property

Persons who fall into the categories below are not counted for discount purposes. If anyone in your household fits into one of the categories please tick the appropriate box and write their name underneath. The Council may then write for further details. NB : IF THERE ARE TWO OR MORE PEOPLE RESIDING IN YOUR PROPERTY WHO DO NOT FALL INTO ANY OF THE SPECIAL CATEGORY BELOW, THERE IS NO ENTITLEMENT TO DISCOUNT AND YOU NEED NOT FILL IN THIS FORM.

Severally Mentally Impaired Persons in Detention.....

Person in Residential Homes..... Youth Training Trainees.....

18yearold(s) for whom Child Benefit is payable..... Apprentices.....

Students Members of Religious Communities.....

Student Nurses Person(s) providing care.....

PART B

If no one lives in your property you may be entitled to a discount

Is the property furnished? Yes..... No.....

If unfurnished, when was the furniture removed?

Date property last had residents?

I declare to the best of my knowledge that the information given above is correct and I undertake to inform the Council if the position changes.

SIGNATUREPRINT NAME DATE.....