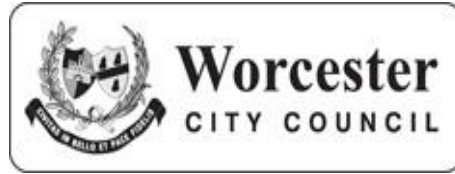




www.malvern hills.gov.uk



www.worcester.gov.uk



www.wychavon.gov.uk

APPLICATION FOR COUNCIL TAX CLASS I EXEMPTION

Please read the guidance notes on page 3 and if you believe you are eligible for a property exemption (as the person named liable for Council Tax) complete this application form in full using black ink and return it to the address on page 3.

Failure to provide any of the information requested may result in unnecessary delays.

Account or property reference (if known):
Full name of applicant(s):
Full address of property for which exemption is being claimed:
Date from which you wish to claim the exemption: / /
Date property became unoccupied: / /
Is the property unfurnished? YES NO
If YES, please confirm when this occurred: / /
If NO, please advise the date the furniture will be removed, if known / /
Are those named above the sole owners? YES NO
If NO, please confirm the full name(s), address(es) and contact number(s) of the owner(s):
Additionally if NO, if a formal tenancy is held, exactly when does this end? / /
Is there an intended date of return to your own property? YES NO
If YES, please confirm the expected date of return: / /
Is the property on the market for sale? YES NO
If YES, please confirm the name and telephone number of the company marketing the property:
WHEN PROPERTY IS SOLD, PLEASE NOTIFY US IMMEDIATELY.

Please continue overleaf.../

Full address of property at which you are receiving care:

Full name(s) of person(s) providing care:

Full address of person(s) providing care (if different from above):

PLEASE PROVIDE AN UP-TO-DATE COPY OF THE COUNCIL TAX BILL FOR THE PERSON WHO PROVIDES CARE.

Please indicate the reason why personal care is required:

Old age	YES <input type="checkbox"/> NO <input type="checkbox"/>	*If YES, provide proof of date of birth.
Disablement	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Illness	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Mental disorder	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Alcohol / drug dependence	YES <input type="checkbox"/> NO <input type="checkbox"/>	

If you have indicated Disablement, Illness or Mental Disorder as the reason, please provide details of the condition:

Daytime telephone number:

Email address:

Do you wish to receive your bills by email? YES [] NO []

*Not compulsory but may help if we have any queries.

DECLARATION: I declare to the best of my knowledge and belief that all the information I have given on this application is true and complete in all respects. I authorise the Council to make any enquiries they wish to verify the information. Personal data is collected and processed in accordance with data protection law. The South Worcestershire Revenues and Benefits Partnership is managed by Civica who process data on behalf of the Data Controllers namely; Wychavon District Council, Worcester City Council and Malvern Hills District Council. For further information please visit the Council's website for the area you live in and search for Privacy Notices.

YOU MUST NOTIFY THE COUNCIL AS SOON AS THESE CIRCUMSTANCES CHANGE. YOU ACKNOWLEDGE THAT FAILURE TO DO SO COULD RESULT IN A PENALTY BEING IMPOSED

Please refer to next sheet for guidance notes.../

Full name:	Signed:
	Date: / /

Guidance Notes

Class I exemption – A property that is left unoccupied by persons who reside elsewhere and are receiving care.

Any dwelling:

- Which is unoccupied and which was previously the sole or main residence of the owner or tenant and:
 - a) Has his / her sole or main residence in another place (not being a hospital, residential care home, nursing home, mental nursing home or hostel) for the purpose of receiving personal care required by him or her by reason of old age, disablement, illness, past or present alcohol or drug dependence or past or present mental disorder; and
 - b) Has been a relevant absentee for the whole of the period since the dwelling last ceased to be his / her residence

This does not include people who spend only short periods away to receive care.

The person must have continuously been receiving care since vacating the premises.

In the above instances Owner means the Freeholder or Leaseholder. In the case of a tenant, the tenancy must be for at least 6 months.

The care required must be because of old age, disablement, illness, alcohol / drug dependence or mental disorder.

The exemption starts on the day that the premises becomes unoccupied due to the person(s) residing away. The exemption will last for as long as the conditions are met.

The Council will also need to know if anything happens which means that the property no longer meets the above criteria. Such changes may include:

- Someone else moving into the premises
- Returning to the premises from away property
- The premises being sold or let