Victoria Forms

70+

Revenues Forms

Forms

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Catalogue



D. 18 Non Domestic Rates Forms

E. 19 Other Forms

Introduction—About Us

Established in 2003, Victoria Forms is a leading provider of intelligent, web-based electronic forms software and workflow solutions. Our eForms solutions can be used within an organisation or made available to external users, applicants or claimants via the Cloud or server-based infrastructure. Our software is currently being used with **over 75 Local Authorities in the United Kingdom**.

Standard Revenues Form Library

Our standard Victoria Forms Revenues Form Library is continuously growing. This catalogue showcases our current **73 Standard Revenues Forms** in our library, which are broken down into sections as shown on the front of this catalogue.

Form Types

All our Standard Revenues Forms are available in two different versions. Static forms are designed to look like familiar paper application forms, and interactively guide the applicant through filling them in. The screenshots in this brochure are of static forms. Alternatively, our Web/Text based forms are becoming increasingly popular, simplifying user experience by reacting to given answers and sliding additional relevant questions in to view when they are needed. The style of these forms can be customised to match your Local Authority Website and branding..

Standard Form Pages

All of our eForms contain a Status and System Page (front and back pages).

Someone who is completing a form will always see the Status Page as the first page. The Status Page has one main function: to draw information from a database about the Local Authority for which the form is being completed. This page displays any relevant information as decided by the Local Authority; such as opening hours, contact details and how to complete the online form. This information is set within our 'branding' files, and is fully customisable for anything that the local authority wishes to add to the start page of their forms.

The System Page will never be seen by anyone completing the form or by anyone at the Local Authority; this page simply acts as our control page to set the intelligence within the form.

Back Office Integration

In administering forms, data collected is often manually keyed into a back-office system. With Electronic forms, the wastefulness of having to key information twice is being addressed – back-office systems are increasingly opening up to receive data electronically. Some of our Revenues Forms (Direct Debit, Single Person Discount, Single Person Discount Cancelation, Change of Address) are already set up for back office integration straight into Northgate.

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Council Tax Discount - Apprentices

Council Tax Discount - **Employed Careworker**

Council Tax Discount - Disabled Relief

Council Tax Discount - For Persons in Respect of whom Child Benefit is Payable

Council Tax Discount - Occupied Annexe

Council Tax Discount - School Leavers

Council Tax Discount - Second Home

Council Tax Discount - Single Occupancy

Council Tax Discount - Empty and Unfurnished Property

Council Tax Discount - **Uninhabitable Property**

Council Tax Discount - Student Nurse

Council Tax - Single Occupancy Discount Cancellation

Combined Discount Form

Council Tax Discounts - Individual



Apprentices

Application for Council Tax Discount For Apprentices who earn less than £195 a week.

This form is comprised of sections on:

- Liable Council Tax Payer
- Apprentice Details
- Declaration
- Extra Information Page

Page 2 Council Tax Application for Discount - A	pprentices
Surname of taxpayer	
Other names of taxpayer	
Title	
Address, including room number if you have one	
Postcode	
Surname of apprentice	
Other names of apprentice	
Title	
Council Tax account reference	
Number of residents over the age of 18 years in the property	
Telephone number	
Mobile number	
Email address	
The Employer	
Name of employer	
Address of employer	
Postcode	
Trade/Profession/Vocation being undertaken	
Desired of comments as him (from data)	
Period of apprenticeship: (from date)	
Date apprenticeship ended	
Gross weekly salary including any allowance	
Please print page 3 and ask your employer to complete it.	

Length: 3 pages

Declaration: Checkbox for claimant , Page 3 (Employers Certificate) needs to printed after submission and completed and signed by the apprentice's employer - the details about the apprentice which have been entered on the form pre fill this page for the employer to confirm.

Some Local Authorities using this form:

Scarborough, Wycombe, Kensington and Chelsea, St Albans

Employed Careworker

Application for Council Tax Discount For Carers who are unpaid (or low paid) and caring for someone who is not their partner or child (under 18).

This form is comprised of sections on:

- Liable Council Tax Payer
- Company name and address of where the person(s) providing care are employed
- Space for details of three people providing care; including their full names, hours worked and more
- Declaration

Idectare that the information provided is true and accurate to the best of my knowledge and authorise the Council to make a enquiries necessary to verify it. I understand that I am obliged to inform the Council of any change in circumstances. Please check this box to confirm you have read and agree to the above declaration. Full name Data Protection Statement - Council Tax and Business Rates: Any information you give to us will be held securely and in accordance with the rules on data protection. We will treat perso details as private and confidential and safeguard them. We will not disclose them to anyone unconnected with the Council unless you have consented to their release, or in certain circumstances where: • We are legally obliged to do so; • Disclosure is necessary for the proper discharge of our statutory functions; • Disclosure is necessary to enable us to provide you with a requested service or deal with your enquiry; • We are under a duty to protect public funds. We may use the information you have provided for the prevention and detection of fraud. We may also share this information	Declaration		us please use the Extra Space below.
the above declaration. Full name Data Protection Statement - Council Tax and Business Rates: Any information you give to us will be held securely and in accordance with the rules on data protection. We will treat perso details as private and confidential and safeguard them. We will not disclose them to anyone unconnected with the Council unless you have consented to their release, or in certain circumstances where: We are legally obliged to do so; Disclosure is necessary for the proper discharge of our statutory functions; Disclosure is necessary to enable us to provide you with a requested sentee or deal with your enquiry; We are under a duty to protect public funds.			
Any information you give to us will be held securely and in accordance with the rules on data protection. We will treat perso details as private and confidential and safeguard them. We will not disclose them to anyone unconnected with the Council unless you have consented to their release, or in certain circumstances where. We are legally obliged to do so; Disclosure is necessary for the proper discharge of our statutory functions; Disclosure is necessary to enable us to provide you with a requested service or deal with your enquiry; We are under a duty to protect public funds.	the above declarati		se to
Disclosure is necessary for the proper discharge of our statutory functions; Disclosure is necessary to enable us to provide you with a requested service or deal with your enquiry; We are under a duty to protect public funds.	Data Protectio	n Statement - Council Tax an	d Business Rates:
We may use the information you have provided for the prevention and detection of fraud. We may also share this information	details as private a	nd confidential and safeguard them. W	in accordance with the rules on data protection. We will treat persona /e will not disclose them to anyone unconnected with the Council
with other bodies responsible for public funds or for auditing them for these purposes	defails as private a unless you have co • We are lega • Disclosure i • Disclosure i	ud confidential and safeguard them. W nsented to their release, or in certain lly obliged to do so; s necessary for the proper discharge o s necessary to enable us to provide yo	in accordance with the rules on data protection. We will treat persona de will not disclose them to anyone unconnected with the Council circumstances where: of our statutory functions;

Length: 2 pages

Declaration: Checkbox or Signature

Some Local Authorities using this form:

St Albans, Wycombe



Disabled Relief

Page 2 Application for Disabled Relief	
Sumame	
Other names	
Title	
Address property	
Postcode	
Telephone number	
Mobile number	
Email address	
Correspondance address (if different)	

Council Tax Discount where a resident at the property is disabled, and there is a room, or an extra bathroom or kitchen, to meet the special needs of the disability, or if a wheelchair is being used indoors and needs additional floor space.

This form is comprised of sections on:

- Liable Council Tax Payer
- Disabled Persons information
- Reason for the claim (room mainly used for this person, additional bedroom/bathroom, or floor space for wheelchair)

Page 3 Application for Disabled Relief	
What is the name of the disabled person? Title	
Surname	
Other names	
Age (if under 18)	
Please indicate which facilities are in the property to mee boxes.	t the needs of the disabled person by selecting the relevant
a. a Room other than a bedroom, kitchen or lavatory sed mainly by the disabled person.	
No	
Yes	
a second bathroom or kitchen required for meeting the needs of the disabled.	
No	
Yes	
c. extra space inside the property to allow for wheelchair	
circulation. No	
Yes	
What is the nature of their disability?	
Date the disabled relief should apply from:	
Please provide the name and address of their doctor:	
Address	

- Extra Information Page
- Declaration

Length: 3 pages

Declaration: Checkbox

Some Local Authorities using this form:

Wycombe, ARP, Ashford, Medway, Scarborough,

Pembrokeshire, St Albans

For Persons in Respect of whom Child Benefit is Payable

Council Tax Discount where someone is over 18 but is still entitled to Child Benefit.

This form is comprised of sections on:

- Liable Council Tax Payer
- Details of three people who could be disregarded
- Details of all others who live in the property
- Declaration

Length: 2 pages

Declaration:

Checkbox

Some Local
Authorities
using this form:

ARP, SRP,
Scarborough,
Wigan,
Wycombe,
St Albans

Page 2		** You	r Council N	ame **			
COUNCIL TAX	APPLICATIO			FOR PERSON	IS IN RE	SPECT OF	WH
Surname		CHILD BE	MEFITIS	Telephone nu	mber		
Other names							
Title				Mobile numbe	rf		_
Address				Council Tax A	iccount Re	eference	
				Email address			_
	Postcode						
							_
Please give details o		be disregarded Person 1	for council	tax purposes on to Person 2	hese grou	inds: Person	
Surname		rerson i		Person 2		Person	,
Other names					==		
Date of birth							
					==		
Child Benefit numbe	r						
Child Benefit number Date child benefit ce					4		
Child Benefit numbe Date child benefit ce DD/MM/YYYY Proof of Benefit Please provide us with of the award letter from	nas es	enning and attac	hing it to this	form, or in person)	proof of ch	nild benefit such	as a
Child Benefit numbe Date child benefit ce DD/MM/YYYY Proof of Benefit Please provide us with of the award letter fror received. Please give the name	n (by post, by scan the Benefits Ages of all other post	gency. Any origin	nal documents	s will be returned to	you within	nild benefit such n 14 days of the Person 1	date
Child Benefit numbe Date child benefit ce DD/MMYYYY Proof of Benefit Please provide us with of the award letter fror roceived. Please give the name Surname	n (by post, by scan the Benefits Ages of all other post	gency. Any origin ers ons aged 18	nal documents	s will be refurned to dent at the proper	you within	n 14 days of the	date
Child Benefit numbe Date child benefit ce DD/MM/YYYY Proof of Benefit Please provide us with of the award letter fror roccive. Please give the name Surname Other names	n (by post, by sca n the Benefits Ag es of all other p	gency. Any origin ers ons aged 18 Pers on 1	as I documents	s will be returned to dent at the proper Person 2	you within	n 14 days of the	date
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Child Benefit numbe Date child benefit ce DDIMMYYYY Proof of Benefit Please provide us with of the award letter fror roceived. Please give the name Surname Other names	n (by post, by sca n the Benefits Ag es of all other p	gency. Any origin ers ons aged 18 Pers on 1	as I documents	s will be returned to dent at the proper Person 2	you within	n 14 days of the	date
Child Benefit numbe Date child benefit ce Date child benefit ce DDIMMY/YY Proof of Benefit Please provide us with of the around letter fror received, Please give the name Surname Other names Please give details of Surname	n (by post, by sca n the Benefits Ag es of all other p	gency. Any origin ersons aged 18 Person 1	as I documents	s will be returned to dent at the proper Person 2	you within	Person	date
Child Benefit numbe Date child benefit ce DORAM/YOY/ Proof of Benefit Please provide us with of the award letter for received. Please give the name Surname Other names Surname Other names Date of birth	n (by post, by sca n the Benefits Ag es of all other p	gency. Any origin ersons aged 18 Person 1	as I documents	s will be returned to dent at the proper Person 2	you within	Person	date
Child Benefit numbe Date child benefit ce DDIMMY/YY Proof of Benefit Please provide us wift the award letter for roceived. Please give the name Surname Other names Please give details of	n (by post, by sca n the Benefits Ag es of all other p	gency. Any origin ersons aged 18 Person 1	as I documents	s will be returned to dent at the proper Person 2	you within	Person	date
Child Benefit numbe Date child benefit ce DOMM/YYY Prod of Benefit Please private us with of the award letter for Please private us with of the award letter for Please give the name Surname Other names Date of bish Date M	as es In (by post, by sca In the Benefits Ag es of all other per If all other person	resons aged 18 Person 1 ns aged 16 or 1 Person 1	or over residents of the property of the prope	will be returned to dent at the proper Person 2	ty:	Person:	date 3
Child Benefit numbe Date child benefit to Date child benefit to Proof of Benefit Please provide us with of the award letter fror received. Surname Other names Please give details of Surname Other names Date of birth DoMM/YYY Declaration I declare that the info to make any enquirie circums taters.	in (by post, by sca in the Benefits A; es of all other p	pency. Any originers ons aged 18 Pers on 1 ns aged 16 or 1 Pers on 1	or over residents of the property of the prope	will be returned to dent at the proper Person 2	vive within the common that common the common that com	Person: Person: d authorise the buncil of any cl	33
Child Benefit number to Double the September of Double Child benefit to DOMANYYY. Proof of Benefit Please provide us with of the award letter of t	in (by post, by sca in the Benefits A; es of all other p	pency. Any originers ons aged 18 Pers on 1 ns aged 16 or 1 Pers on 1	i or over resident in the prop	will be returned to dent at the proper Person 2	vieldge an orm the Co	Person: Person: d authorise the buncil of any ci	date Couldhange
Child Benefit number to Double his benefit con DoMM/YYYY Proof of Benefit Please provide us with or social and the award letter resource of the award letter resource resource of the award letter resource resourc	on (by post, by scale of the provided of the p	pency. Any originers aged 18 Person 1 Ins aged 16 or 1 Person 1 ed is true and a verify R. I under	17 in the prop	will be returned to dent at the proper Person 2	wiedge an	Person: Person: d authorise the buncil of any cl	date Could hange
Child Benefit number to Double the September of Double Child benefit to DOMANYYY. Proof of Benefit Please provide us with of the award letter of t	on (by post, by scale of the provided of the p	pency. Any originers aged 18 Person 1 Ins aged 16 or 1 Person 1 ed is true and a verify R. I under	17 in the prop	will be returned to dent at the proper Person 2	wiedge an	Person: Person: d authorise the buncil of any ci IMMAYYY rere is any more mation you we fill us please us fill us pl	date 3 3 3 4 Could hang



Occupied Annexe

Application for Council Tax Discount where an annexe is occupied as part of the main home or is the main home of a relative of the liable council taxpayer of the main home.

This form is comprised of sections on:

- Liable Council Tax Payer of Annexe
- Location of Annexe
- Details of who lives in the Annexe
- The relationship between the liable Council
 Tax payer of the main dwelling and the annexe
- Location of Main Dwelling
- Details of who lives in the Main Dwelling
- Declaration

Length: 2 pages

Declaration: Checkbox

Some Local Authorities using this form: ARP, Fareham, Scarborough, St Albans

Page 2 - Council Tax Exemption - Occupied Anne	xe
Surname	
Other Names	
Title	
Address	
Postcode	
Email Address	
Telephone Number	
Mobile Number	
Council Tax Account Reference	
Date of Occupation of the Annexe DD/MM/YYYY	
How many residents occupy the annexe?	1
Resident 1	
Full Name	
Date of Birth DD/MM/YYYY	
What is the relationship of the annexe dweller to the owner of the main dwelling?	
Severely Mentally Impaired?	
No	
Yes	
Disabled?	
No	
Yes	
You will need to provide evidence if you indicate a resident is seve he documentation required.	erely mentally impaired or disabled. Please see page 3 for details
f there is any more information you would like to give us pl	lease use the extra page on page 3.
Declaration	
I declare that the information provided is true and accurat make any enquiries necessary to verify it. I understand that	te to the best of my knowledge and authorise the Council to
circumstances.	
Please check this box to confirm you have read and agree to the above declaration.	

School Leavers

Page 2 - Council Tax Discount - School Leavers	
For the purpose of calculating the number of residents in a has diring the current financial year:	dwelling, a person shall be disregared if that individual
Attained the age of 18, but, Is under the age of 20, and, Has come to the end of a full-time course in education between disregarded for discount purposes up to 1st November.	11st April and 1st November in which case that person will be
Applicant Details Surname	
Other names	
Email Address	
Telephone Number	
Mobile Number	
Council Tax Account Reference	
Address	
Postcode	
How many adults in your household qualify under the conditions above? If there is any more information you would like to give us pi	lease use the extra page on page 3.
Declaration	
I declare that the information provided is true and accurate to the enquires necessary to verify it. I understand that I am obliged to in Please check this box to confirm you have read and agree to the above declaration. Full Name	
Data Protection Statement - Council Tax and Bus Any information you give to us will be held securely and in accol details as private and confidential and safeguard them. We will r unless you have consented to their release, or in certain circum • We are legally obliged to do so; • Disclosure is necessary for the proper discharge of our st • Disclosure is necessary to enable us to provide you with • We are under a duty to protect public funds.	rdance with the rules on data protection. We will treat personal of disclose them to anyone unconnected with the Council stances where:
We may use the information you have provided for the prevention with other bodies responsible for public funds or for auditing ther	

Application for Council Tax Discount where a person is disregarded for Council Tax purposes if they are under the age of 20 and have after 30th April and before 1st November in any year, ceased to undertake a full-time course of education or a qualifying course of education.

This form is comprised of sections on:

- Liable Council Tax Payer
- Details of any 'School Leavers'
- Details of Courses attended
- Declaration
- Extra Information Page

Length: 2 pages

Declaration: Checkbox

Some Local Authorities using this form:

Scarborough, St Albans, Wycombe



Second Home

Application for claimants who have a second home, as claimants may pay less Council Tax on a property that is not their main home.

This form is comprised of sections on:

- Liable Council Tax Payer
- 1st home / 2nd home
- Anyone living in 2nd home
- Reason for having two homes
- Declaration
- Extra Information Page

- 4	Page 2	our details
Г		** Your Council Name **
П	Cou	ncil Tax Discount - Second Home
	This form should be completed if you properties abroad, as well as in this c	own any property, other than the one in which you live. This includes ountry.
1	Surname	
ŀ	Other names	
ŀ	Fitle	
ŀ	Felephone number	
ŀ	Vlobile number	
ŀ	Email address	
ı	Council Tax Account Reference	
ŀ	Partner's surname	
ŀ	Partner's other names	
1	Address	
ı		
ı		Postcode
L	o	rosicode
	Second property Full address of second property	
ľ	-uli address of second property	
ı		
П		Postcode
ŀ	Type of property	House, Bungalow, flat
П		Block of houses / flats
ı		Other
ŀ	Do you own this jointly?	No 🗌
П		Yes Give details
L		

Length: 3 pages

Declaration: Checkbox

Some Local Authorities using this form:

Scarborough, St Albans, SRP

Single Occupancy

Application for a 25% reduction on Council Tax if you are the only person who is over 18 and counted for Council Tax purposes in your home.

We have **two** standard Single Occupancy/Sole Residency Forms.

1. This form is comprised of sections on:

- Liable Council Tax Payer
- Why sole occupier
- Details of someone leaving
- Details of any deceased
- Declaration
- Extra Information Space

Length: 2 pages

_				_		
Co	uncil Tax - App	lication for	Single O	ccupancy D	iscount	
Surname				Mobile number		
Other names						
Title				Council Tax Acc	ount Reference	_
Address						
Address						
	Postcode		$\overline{}$			
Telephone number			=			
			=			
Email address						
You wish to apply for a r	eduction in your Coun	cil Tax liability, be	cause you a	re the sole resider	nt of the above prope	rtv wh
aged 18 or over. A redu	ction of 25% may be	granted.	,			
If previously residing in t	the property with anoth	ner adult aged 18	or over, plea	se give the name	of the person, the da	te the
If previously residing in t vacated and their forwar		ner adult aged 18	or over, plea	se give the name	of the person, the da	te the
		ner adult aged 18	or over, plea	se give the name	of the person, the da	te the
		ner adult aged 18	or over, plea	se give the name	of the person, the da	te they
		ner adult aged 18	or over, plea	se give the name	of the person, the da	te they
vacated and their forwar	ding address.					
	ding address.				of the person, the da	
vacated and their forwar	ding addréss.	MM/YYYY), I am t	the only pers	on aged 18 or ove	er normally resident a	t the
I confirm that from property.	ding addréss. (DD/I	MMYYYY), I am t	the only pers	on aged 18 or ove	er normally resident a	t the
I confirm that from property. and I confirm that my s	ding addréss. (DD/I	MMYYYY), I am t	the only pers	on aged 18 or ove	er normally resident a	t the
I confirm that from property.	ding addréss. (DD/I pouse / common-law p	MMYYYY), I am t	the only pers	on aged 18 or ove	er normally resident a	t the
i confirm that from property. and I confirm that my s To claim reduction, plea	(DD/I pouse / common-law y se make sure you hav	MM/YYYY), I am to partner (if any) will e completed this for any and accurate to the	the only pers I not be retur	on aged 18 or ove ning to the properl ked the Submit F o	er normally resident a ty at any future date. orm button. uthorise the Council t	t the
I confirm that from property. and I confirm that my s To claim reduction, plea Declaration I declare that the information of the property of the property.	(DD/I) pouse / common-law j se make sure you hav ation provided is true s to verify it. I understa	MM/YYYY), I am to partner (if any) will be completed this for any accurate to the not that I am obligeton.	I not be retur form and click e best of my ed to inform t	on aged 18 or ove ning to the properl ked the Submit F o	er normally resident a ty at any future date. orm button. uthorise the Council t	t the
i confirm that from property. and I confirm that my s To claim reduction, plea	(DDI) pouse / common-law ; se make sure you hav ation provided is true to verify at 1 understate	MMYYYY), I am to partner (if any) will be completed this for and accurate to thind that I am obliging.	I not be retur form and clici e best of my ed to inform to	on aged 18 or ove ning to the properl ked the Submit F o	er normally resident a ty at any future date. orm button. uthorise the Council t	t the
I confirm that from properly. To claim reduction, plea Declaration I declare that the informany enquiries necessary	(DDI) pouse / common-law ; se make sure you hav ation provided is true to verify at 1 understate	MM/YYYY), I am to partner (if any) will be completed this for any accurate to the not that I am obligeton.	I not be retur form and clici e best of my ed to inform to	on aged 18 or ove ning to the properl ked the Submit F o	er normally resident a ty at any future date. orm button. uthorise the Council t	t the
confirm that from property. and I confirm that my a To claim reduction, plea Declaration I declare that informany enquiries an excessary Please etc. this box to read and agree to the a	(DDI) gouse / common-law p se make sure you have ation provided is true a to venify it. I understa confirm you have showe declaration	MM/YYYY), I am to partner (if any) will e completed this found accurate to the did that I am obliged t	I not be retur	on aged 18 or ove ning to the propert ked the Submit F i knowledge and as the Council of any	er normally resident a ty at any future date. orm button. uthorise the Council t	t the
I confirm that from properly. To claim reduction, plea Declaration I declare that the informany enquiries necessary	(DDI) gouse / common-law p se make sure you have ation provided is true a to venify it. I understa confirm you have showe declaration	MM/YYYY), I am to partner (if any) will e completed this found accurate to the did that I am obliged t	I not be retur	on aged 18 or ove ning to the propert ked the Submit F i knowledge and as the Council of any	er normally resident a ty at any future date. orm button. uthorise the Council t	t the
confirm that from property. and I confirm that my a To claim reduction, plea Declaration I declare that informany enquiries an excessary Please etc. this box to read and agree to the a	(DDI) pouse / common-law se make sure you hav ation provided is true a to verify it. I understa confirm you have above declaration	MM/YYYY), I am to partner (if any) will be completed this for and accurate to the and that I am obliging I pale I	I not be retur form and dicit e best of my ed to inform to mame	on aged 18 or ove ning to the properliked the Submit Fri knowledge and as the Council of any	ner normally resident at ty at any future date. orm bullon. uthorise the Council discussion discussion and circumsta	t the

2. This form is comprised of sections on:

- Liable Council Tax Payer
- Large box for details of why / who is leaving
- Declaration

Length: 1 page

Declaration: Checkbox

Some Local Authorities using these forms:

ARP, Ashford, Basildon, St Albans, Kensington &

Chelsea, Medway, Scarborough,

Pembrokeshire, Wigan



Empty and Unfurnished Property

Application for Council Tax Discount where a property is empty and unfurnished

Page 2 - Council Tax - Empty and Unfurnished Pro	perty
Surname	
Other Names	
Title	
Address of empty property	
Postcode	
Telephone Number	
Mobile Number	
Council Tax Account Reference	
Email Address	
What date did the property become unoccupied?	
DD/MM/YYYY	
What date was the furniture removed? DD/MM/YYYY	
List any remaining items of furniture.	
What are your intentions for the property? e.g. Will it be sold, rented out, used as a second home etc.	
At what address do you currently live?	
Postcode	
f there is any further information you would like to tell us ple	ase use the extra page on page 3.
Declaration	
declare that the information provided is true and accurate to make any enquiries necessary to verify it. I understand that I	the best of my knowledge and authorise the Council to am obliged to inform the Council of any change in

This form is comprised of sections on:

- Liable Council Tax Payer
- Details of when property became empty
- Any remaining furniture in the property
- Details of future intentions with the property
- Declaration
- Extra Information Page

Length: 2 pages

Declaration: Checkbox

Some Local Authorities using this form:

Fife, Scarborough, St Albans

Uninhabitable Property

Council Tax Discount where there is no one living in the property because it requires lots of work, or work is underway but the majority has not been completed. Discounts only available for 12 months.

This form is comprised of sections on:

- Liable Council Tax Payer
- Details of when property became unoccupied
- Details of any repairs/planning permission granted or requested
- Other correspondence for property
- Declaration

Page 2	
	Council Name
	COUNCIL TAX - UNINHABITABLE PROPERTY
Surname	Telephone number
Othernames	
	Mobile number
Title	
Address of uninhabitable property	Council tax account reference
	Postcode
Email address	
is the property unoccupied?	No What date did the property DDD/MM/YYYY
b the areasety seems	What date will the property become unoccupied? DD/MM/YYYY
is the property sooi unoccupied?	Yes What date will/did the work DD//MM/YYYY
Please give a full do the alterations and being carried out. (o page 3 if necessary	repair works
Have you applied fo	r planning permission for this work? No Yes
If Yes please provid	e the planning reference number.
When is work due	Address to which
to be completed? Use already finished p	lease give the exact date of should be sent.
completion.	
	Postcode
We require docume work, photographs. contact details).	ntary evidence to support the application. E.g. a builder's or surveyor's report, plans of the You can submit them by post, in person or scan and attach them to this form (see page 1 for
If there is any more	information you would like to give us please use the extra page on page 3.
required/under way. T	or the council's inspection officer to visit the property to verify its condition and the nature of the works his enables us to ensure discounts are correctly awarded in line with the relevant legislation.
Declaration	
	formation provided is true and accurate to the best of my knowledge and authorise the council ies necessary to verify it. I understand that I am obliged to inform the council of any change in
Please check this b to confirm you have read and agree to the above declaration	
Your name	
Your name	

Length: 2 pages

Declaration: Checkbox

Some Local Authorities using this forms:

Scarborough, St Albans



Student Nurse

Students are exempt from paying Council Tax for the period of their course if they are attending a full time course. If they live with one other adult they could qualify for a Single Person Discount.

This form is comprised of sections on:

- Liable Council Tax Payer
- Amount of residents over 18
- Residents aged 16 and 17
- Student Nurse details
- Student Nurse Course details
- Declaration
- Extra Information Page

Length: 3 pages

Declaration: Checkbox

Some Local Authorities using this form:

Scarborough, St Albans, Wycombe

Page 2 - Council Tax Discount - Student Nurse	
Student nurses undertaking a course leading to registration on any of parts 1 to 6,8,10 or 11 of the register maintained under section 10 of the Nurses, Midwines and Health Visitors Act 1979, will be disredarded for Council Tax discount purposes (this applies to student nurses studying for their first inclusion on the register.)	
Any academic student nurses studying full time at university or college will be treated as full time students as opposed to stude nurses and should complete a disoucnt application for a full time student. This includes those studying midwifery or health visito courses. Applicants sumame	
Applicants first name	
Applicants title	
Applicants address	
Postcode	
Applicants email address	
Council Tax account reference	
Daytime telephone number	
Mobile Number	
How many people aged 18 or over usually live in the property	
Are there any people aged 16 and 17 resident in the property No	
Yes	
Student nurse's surname	
Student nurse's first name	
Student nurse's title	
Will the course undertaken lead to being registered under section 10 (Parts 1-6,8) or the Nurses, Midwives and Health Visitors Act 1979?	
Yes	
Will it lead to the first entry No	
Yes	

Single Occupancy Discount Cancellation

This application form can be completed to inform the Council that the applicant is no longer the only occupier of the house who is over 18.

This form is comprised of sections on:

- Liable Council Tax Payer
- Details of two people who are now occupying the property
- Declaration

Extra

Information

Space

Length: 2 pages

Declaration

Checkbox

Some Local
Authorities using this form:

Ashford

	Page 2	** Your Council Name	**
		Your Council Name	-
	COUNCIL	TAX - SINGLE OCCUPANCY DIS	SCOUNT CANCELLATION
	Surname		Council Tax Account Reference
	Other names		Please enter the first 7 digits of your 8 digit Council Tax Account reference starting with
			a 4
	Title		
1	Address		Telephone number
		Postcode	
	Email address		
	Number of new		
l.	occupants		
	Person One		
	Surname of person		Your relationship to the person occupying
	occupying		Partner
	Other names of person occupying		Family member
	Title of person occupying		Friend
	Date of occupancy	DDMMAYYYY	Lodger
	Previous address		Other
		Postcode	
		Tick here if you do not know the previous address.	
	*-11	previous address.	
	Telephone		
	Email Address		
	Person Two		
	Surname of person		Your relationship to the person occupying
	occupying		Partner
	Other names of person occupying		Family member
	Title of person occupying		Friend
	Date of occupancy	DD/MM/YYYY	Lodger
	Previous address		Other
	Frevious address		_
		Postcode	
		Tick here if you do not know the previous address.	
	Telephone		
	Email Address		
	Cition Address		

Where is the course held?		
Institution address		
Postcode		
What type of course is it?		
When did the course commence?		
When is the course due to end?		
NOTE Please provide proof that you are registered on the above course. You can scan and attach it to this form provide it by post (see page 1).		
If you are a college student or a student nurse, a student certificate issued by the establishment you are attending is required. These are issued by the registrar of your collage or university. The certificate must state the course you are enrolled on, that you are on a full time course of education and include the start and end dates of the course.		
If there is ant more information you would like to give us please use the extra page on page 4.		
Declaration		
I declare that the information provided is true and accumake any enquires necessary to verify it. I understand circumstances.	that I am obliged to ips	
Please check this box to confirm you have read and agree the above declaration.	" Uctoria	

elect your discount(s): ou will then be required to complete the relevant questions on

he following pages. Apprentices

Away giving care Care Workers and Carers

Child Benefit recipients

Foreign Language

Occupied by SMIs

Occupied by students

Occupied by under 18s

Occupied by visiting force Patients in Hospital / care

School / College Leavers Student Nurses

Youth training trainees

In care home In need of care

Combined Discount Form

This general application for Council Tax Discount allows claimants to select the discount(s) they are applying for and the relevant questions are then shown, including: apprentices, detention, away giving care, care workers and carers, child benefit recipients, in need of care, in care home, foreign language assistant, occupied by SMI's, occupied by students, occupied by under 18s, occupied by visiting forces, patients in hospital / care homes, school leavers, second home, student nurses and youth training trainees.

This form is comprised of sections on:

- Liable Council Tax Payer
- Liable Occupant(s) details
- Select Discounts you wish to apply

for

- Details of selected discounts
- Declaration
- Extra Information Page

Length: 22 pages

Declaration: Checkbox or

Signature

Some Local Authorities using this form: Ashford, Scarborough, Brentwood, Reigate and Banstead, Pembrokeshire, St Albans, Wycombe, Guildford, Medway



Individual Discount Forms

Basic form for a claimant to complete, asking if they are the only adult, and if not, the dates of birth of others living in property and any reasons why they should be disregarded for Council Tax purposes.

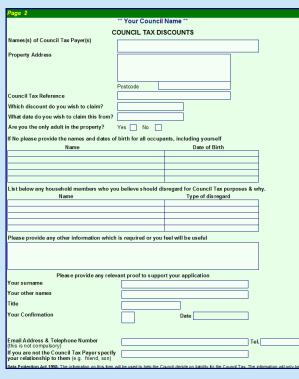
This form is comprised of sections on:

- **Liable Council Tax** Payer
- Liable Occupant(s) details
- Details of anyone who may be disregarded
- Extra Information
- Declaration
- Completed on Behalf of someone else

Length: 1 Page

Declaration: Checkbox or Signature

Page 2			
** Your Council Name **			
COUNCIL TAX DISCOUNTS			
Names(s) of Council Tax Payer(s)	SONGE TAX BIOCOGNIO		
Property Address			
	Postcode		
Council Tax Reference			
Which discount do you wish to claim?			
What date do you wish to claim this from?			
Are you the only adult in the property?	Yes No		
If No please provide the names and dates of	birth for all occupants, including yourself		
Name	Date of Birth		
List below any household members who you	u believe should disregard for Council Tax purposes & why.		
Name	Type of disregard		
Please provide any other information which	is required or you feel will be useful		
The state of the s	is required or you roof nim to decide		
Please provide any relev	ant proof to support your application		
Your surname			
Your other names			
Title			
Your Confirmation	Date		
Email Address & Telephone Number (this is not compulsory)	Tel.		
If you are not the Council Tax Payer specify your relationship to them (e.g. friend, son)			
Data Protection Act 1998: The information on this form will be used to help the Council decide on liability for the Council Tax. The information will only be			





Council Tax Discount / Exemption Forms

Council Tax Exemption / Discount - Severely Mentally Impaired (CLASS U)

Council Tax Exemption / Discount - Occupied by Students (CLASS N) x2

Council Tax Exemption / Discount - Occupied-by Under 18s (CLASS S)

Council Tax Exemption / Discount -

NEW Reduction for Annexes

Council Tax Exemption / Discount - Occupied by visiting forces (CLASS P)

Council Tax Exemption / Discount - In Detention (CLASS D)

Council Tax - Combined Exemption /
Discount Review

Council Tax - **NEW Combined Exemption and Discount**



Severely Mentally Impaired (CLASS U)

Application for either a Council Tax Discount or Exemption for someone who has a severe mental impairment. Exemption is granted if living alone, and discount if everyone in a property is disregarded, a 50% discount is awarded. If everyone but one person in a property is disregarded, a 25% discount is awarded. If more than two people are not disregarded, no discount can be awarded.

This form is comprised of sections on:

- Severely Mentally Impaired Person's Details
- Benefits Received
- Doctor's Details
- Declaration
- Completed on behalf of someone else
- Doctors Page to print and be completed by doctor

Length: 4 Pages

Declaration:

Checkbox and Printed and Signed by Doctor

Some Local Authorities using this form:

Wycombe, Ashford, Scarborough, St Albans

Please enter the details of the person who is severely men	tally impaired.	
Surname		
Other names		
Title		
Address		
Postcode		
Email address		
Telephone number		
Mobile number		
Council Tax account reference		
How many adults are normally resident at the above address?		
In addition to being severely mentally impaired the applicant mus benefits.	t also be in receipt of one or more of the following qualifying	
Please indicate in the boxes below which benefits are being rece the benefit start date, this can be done by post.	ived by the applicant, and submit proof of the benefit received and	
Incapacity Benefit No		
Yes		
Severe Disablement Allowance	_	
Yes		
Unemployability Supplement		
Yes		
Attendance Allowance No		

Occupied by Students (CLASS N)

Students are exempt from paying Council Tax for the period of their course if they are attending a full time course.

We have two forms for this Exemption/ Discount, the first one requires slightly more detail than the second.

1. This form is comprised of sections on:

- Person completing the forms details
- In Depth details of up to six students

Surname	
Other names	
Address	
Postcode	
Telephone Number	
Mobile Number	
Council Tax account reference	
Email Address	
Are you the Landford Yes	
No	
A 25% discount will apply if all but one of the adult (o Purposes, if all of the adult occupants are students a	wer 18) occupants of the property qualify as a student for Council Ta 100% exemption will apply
Details of student residents How many students live in the property?	1
How many students live in the property? If there are more than 6 students please use the spar Student 1	to provided on page 4 to tell us about these.
How many students live in the property? If there are more than 6 students please use the soar	te provided on page 4 to tell us about these.
How many students live in the property? If there are more than 6 students please use the spar Student 1 Name of student	ce provided on page 4 to tell us about these.
How many students live in the property? there are more than 6 students please use the spat Student 1 Name of student Date of birth (if under 20)	Expression of the second secon
How many students live in the property? If the account of the Battalents please use the spar Student 1. Name of student Date of birth (if under 20). Date moved in	t ce provided on page 4 to tell us about these

- Any non
 Students
 Over 18
 residents'
 details
- Extra Information
 Space
- Declaration

2. This form is comprised of sections on:

- The person in education completing the form
- Other adults in the property (any students)
- Extra Information Page
- Declaration

Length: 3 or 2 pages **Declaration:** Checkbox

Some Local Authorities using these forms:

Ashford, Fareham, Medway, Scarborough



Occupied by Under 18s (CLASS S)

Application for Council Tax Discount or Exemption when a property is occupied by people aged under 18.

This form is comprised of sections on:

- Liable Council Tax Payer
- All occupants names and dates of birth
- Declaration
- Extra Information Page

Length: 2 Pages

Declaration: Checkbox

Reduction for Annexes

Application form which covers both occupied and unoccupied annexes. The applicant can select on the initial page after entering their details whether their annexe is occupied or unoccupied and the correct page will show.

This form is comprised of sections on:

- Liable Council Tax Payer
- Occupied Annexe
- Unoccupied Annexe
- Declaration
- Extra Information Page

Length: 4 Pages

Declaration: Checkbox

Some Local Authorities using this form: ARP

Occupied by Visiting Forces (CLASS P)

A property which is occupied by visiting forces personnel or their dependants may be exempt from Council Tax, or if some of the adults in the house are members of visiting forces a discount may apply. This application is used to assess the situation.

Page 2		
	** Your Council	Name **
	COUNCIL TAX EXEMPTION - OCCU	JPIED BY VISITING FORCES
Surname		Telephone number
Othernemes		
Other names		Mobile number
Title		
Address		Council Tax Account Reference
		Name of Visiting Force
	Postcode	
Email address		Date on which residence at the property commenced
		DD/MM/YYYY
		Anticipated date of termination of residence
Place of employm		
Association with \	Visiting Force	
Member of force - card and Orders.	- pleas e produce your ID	Dependant—UK Citizen
	n component - please sport with Home Office	Dependant—Foreign National
Names of all other	er over 18's living in the property	
Title	Forename	Surname
-	re information you would like to give us pleas	
Please print the de	eclaration form on page 4 and have it completed to this office in person, by post, or scanned	eted by your Chief of Administrative Services. It should I and emailed (see page 1 for contact details).
Declaration	to and onled in policinity poor, or obtained	and smaller (coop age 1101 contact detaile).
I declare that the i make any enquirie circumstances.	information provided is true and accurate to es necessary to verify it. I understand that I a	the best of my knowledge and authorise the Council to m obliged to inform the Council of any change in
Please check this	box Date	
LICUSE CHECK UIIS	Date	

This form is comprised of sections on:

- Liable Council Tax Payer
- Details of Visiting Force and Association
- Names of all over 18s
- Declaration
- Extra Information Page

Length: 2 Pages

Declaration: Checkbox; and The Chief of

Administrative Services needs to sign page 4 after it has been

printed.



In Detention (CLASS D)

Application for Council Tax Discount or Exemption on a home where the liable Council Tax payer is detained in one of four ways: prison, hospital or another place by order of Court, pending deportation under the Immigration Act 1971, in a place of safety under the Mental Health Act 1983, under the warrant issued under the Repatriation of Prisoners Act 1984.

This form is comprised of sections on:

- Liable Council Tax Payer
- Whether property is occupied or unoccupied and dates of which
- Name of detainee, detention start and end date and address of where they are
- Whether they are in prison for non payment of Council Tax or a fine
- Declaration
- Extra Information Page

Length: 2 Pages

Declaration: Checkbox

Some Local Authorities using this form:

St Albans, Ashford

Full name of detainee		
What date did the detention begin?	DD/MM/YYYY	
What is the expected release date?		
What is the address of the place where the person is detained?	What is their prison/detainee reference number?	
	Postcode	
Is the person in prison for no Council Tax or fine?	n payment of No Yes	
If there is any further informa	tion you would like to tell us please do so on the extra page on page 3.	
Declaration		
I declare that the information provided is true and accurate to the best of my knowledge and authorise the Council to make any enquiries necessary to verify it. I understand that I am obliged to inform the Council of any change in circumstances.		
Please check this box to confirm you have read and agree to the above declaration		
Your name		
Data Protection Statement - 0	ouncil Tax and Business Rates	

Exemption / Discount Review

If a review letter has been sent out to claimants they can complete this form, inputting their council tax account number from the letter, and commenting on whether they think they would still qualify and any changes that had occurred.

Page 2 - Council Tax Discount/Exemption Review			
If you have received a council tax discount/exemption review form in the post you can use this form to reply online.			
Enter your council tax account number from the review letter:			
Title			
Sumame or family name			
Other names			
Your current address			
Postcode			
Telephone number			
Mobile number			
Email address			
Having read the information in your review letter do you believe you still qualify for the discount/exemption you currently receive? Yes			
No			
How many people over the age of 18 live in the property?			
Declaration			
lease read the declaration carefully before confirming your agreem Please check this box to confirm that you have read and agree to the above declaration.	ent.		
Name			
ata Protection - Any information you give us will be held securely ersonal details as private and confidential, and safeguard them. Wi nless you have consented to their release, or in certain circumstar	e will not disclose them to anyone unconnected with the council		
We are legally obliged to do so; Disclosure is necessary for the proper discharge of our statutory functions; Disclosure is necessary to enable us to provide you with a requested service or deal with your enquiry;			
Ve may use the information you have provided for the prevention and detection of fraud. We may also share this information with the the bodies responsible for public funds or for auditing them for these purposes.			
Form is yet to be submitted.			

This form is comprised of sections on:

- Council Tax Account Number
- Liable Council Tax Payer
- Whether they still think they qualify and details of changes/why
- Number of over 18s living there
- Declaration

Length: 1 Page



Combined Exemption and Discount Form

This application form allows claimants to select one of 29 reasons for claiming Council Tax Discount or Exemption. On the first page of the application form, the applicant can fill in basic details about themselves and then select whether the property they are claiming reduction on is occupied or unoccupied. This will then bring up the exact discounts/exemptions they can apply for from the list below based on the occupancy of their property.

On selecting the exemption they wish to apply for, the correct and relevant pages then open up for the claimant to complete.

This form is comprised of sections on:

- Liable Council Tax Payer
- Liable Occupant(s) details
- Select Discounts/ Exemptions you wish to apply for
- Details of selected discounts
- Declaration
- Extra Information Page

Length: 38 Pages Altogether (This will vary depending on answers given—for example; if a claimant said they were a school/college leaver, the form would appear to them as a 5 page form.)

Declaration: Checkbox and Printed and Signed by certain people.

Page 3 Section 3 About your discounts and exemptions Persons in Detention Please select your discount Apprentices or exemption: Liable Person in Care Home/Hospital ☐ Child Benefit recipients You will then be required to complete the relevant ☐ Foreign Language Assistant Estate of a Deceased Person questions on the following pages. Student Nurses Property Prohibted by Law Youth Training Trainees Un in habitable Liable Person Away Receiving Care Occupied by Under 18s Severely Mentally Impaired Person Providing Care Occupied by Students Care Workers and Carers Occupied by Visiting Force Left Empty by a Student Occupied Annexe Reposessed Property School / College Leavers Left Empty by a Bankrupt Single Person Empty Caravan Pitch/Mooring Disabled Persons Uno ccupied Annexe Empty and Unfurnished Empty, Awaiting Minister of Religion Owned by Charities



Council Tax Exemption Forms

Council Tax Exemption - Empty Caravan
Pitch/Mooring (CLASS R)

Council Tax Exemption - Property Left Empty by a Person Receiving Care (CLASS I)

Council Tax Exemption - In Hospital,
Nursing Home or Hostel (CLASS E)

Council Tax Exemption - Persons
Providing Care (CLASS J)

Council Tax Exemption - Occupation

Prohibited by Law (CLASS G)

Council Tax Exemption - Occupied

Annexe (CLASS W)

Council Tax Exemption - Unoccupied Annexe (CLASS T)

Council Tax Exemption - Left Empty by a Student (CLASS K)

Council Tax Exemption - In Care Home (CLASS E)

Council Tax / Non Domestic Rates - Notification of Deceased Person (Class F)

Council Tax - Receiving or Providing Care
Review

Combined Exemptions Form x2



Empty Caravan Pitch / Mooring (CLASS R)

Application for Exemption for a caravan pitch whilst the pitch is unoccupied and until the caravan is bought back onto the pitch.

This form is comprised of sections on:

- Liable Council Tax Payer
- Dates of occupation and inoccupation of pitch
- Owner of pitch and their address
- Declaration
- Extra Information Page

	Page 2		
4	Council Name		
	COUNCIL TAX EXEMPTION - EMPTY CARAVAN PITCH/MOORING		
	Surname Telephone number		
	Other names Mobile number		
	Title		
	Address Council Tax account reference		
۱	Postcode		
	Email address		
	What date did the pitch/mooring become unoccupied? DDMM/YYYY		
	This die did the piete moving become unoccupied.		
	What date did/will it become re-occupied? DD/MM/YYYY		
	What is your full postal address?		
	addlesst		
	Postcode		
	What is the name of the		
	person who owns the plot of land or mooring? (if different)		
	What is their address? What is their phone number?		
	Posturate		
	Postcode		
	Please use the extra page on page 3 if there is any further information you would like to tell us.		
	Declaration		
	I declare that the information provided is true and accurate to the best of my knowledge and authorise the Council to make any enquiries necessary to verify it. I understand that I am obliged to inform the Council of any change in circumstances.		
	Please check this box to Confirm you have read Confirm you have read Confirm you have read Confirm the above declaration		
	Your name		

Length: 2 Pages

Declaration: Checkbox

Some Local Authorities using this form:

Scarborough, St Albans

Property Left Empty by a Person Receiving Care (CLASS I)

Application for a Council Tax Exemption where a property is unoccupied because it was the home of someone who has moved into another residence (not a residential home or hospital) to receive personal care.

Page 2		
	Council Name	
COUNCIL TAX - UNINHABITABLE PROPERTY		
Surname	Telephone number	
- Cumumo		
Othernames	Mobile number	
Title	Mobile number	
Address of uninhabitable	Council tax account reference	
property		
	Postcode	
Email address		
is the property	No What date did the property	
unoccupied?	become unoccupied? DD/MM/YYYY	
	What date will the property DD/MM/YYYY	
Is the property soon unoccupied?	What date will/did the work	
	YesDD/MM/YYYY	
Please give a full de the alterations and		
being carried out. (c	continue on	
page 3 if necessary		
	r planning permission for this work? No Yes Yes	
If Yes please provid	e the planning reference number.	
When is work due to be completed?	Address to which	
If already finished p	lease give the exact date of should be sent.	
completion.		
	Postcode	
We require docume	ntary evidence to support the application. E.g. a builder's or surveyor's report, plans of the	
work, photographs.	You can submit them by post, in person or scan and attach them to this form (see page 1 for	
<i>'</i>	information you would like to give us please use the extra page on page 3.	
-	or the council's inspection officer to visit the property to verify its condition and the nature of the works	
required/under way. T	his enables us to ensure discounts are correctly awarded in line with the relevant legislation.	
Declaration		
	formation provided is true and accurate to the best of my knowledge and authorise the council	
circumstances.	ies necess'ary to verify it. I understand that I am obliged to inform the council of any change in	
Please_check this b		
to confirm you have read and agree to th	10	
above declaration		
Your name		

This form is comprised of sections on:

- Liable Council Tax Payer
- Dates of occupation and inoccupation of :
 - ♦ The person receiving care
 - ♦ The person giving care
- Future intentions with the property
- Declaration
- Extra Information Page

Length: 2 Pages



In Hospital, Nursing Home or Hostel (CLASS E)

Page 2 - Council Tax Exemption - Property Left Empty	By A Person Providing Care
Surname	
Other Names	
Address of property where care is provided	
Postcode	
Email Address	
Telephone Number	
Mobile Number	
Council Tax Account Reference	
Vacant Property Address of property (for which application is being made)	
Postcode	
Date on which the property ceased to be your main residence Date tenancy ends/ended	
Date furniture removed	
Has the property been put up for sale? No	
Yes	
Name of person whom care is provided	

Application for Council Tax Exemption on a home where the liable Council Tax payer is in hospital, a nursing home or a hostel and does not intend to return.

This form is comprised of sections on:

- Liable Council Tax Payer
- The person who is in hospital / nursing home / hostel
- Date they moved out
- Names of anyone else in the property who is over 18
- Name and address of new residency
- Declaration
- Extra Information Page

Length: 2 Pages

Declaration: Checkbox

Some Local Authorities using this form: Wycombe

Persons Providing Care (CLASS J)

Application for Council Tax Exemption where the owner or tenant has left a property unoccupied having changed their place of residence in order to provide personal care for someone else, the empty property is exempt from Council Tax.

This form is comprised of sections on:

- Liable Council Tax Payer
- Address of home where care is taking place
- Address of home which is left vacant
- Dates when the person moved out, date of when the tenancy ends and date of when the furniture was removed
- The Person who is being cared for
- Declaration
- Extra Information Page

Pag	Page 2					
			** Your Council Na	ime ^^		
C	OUNCIL TAX	EXEMPTION	- PROPERTY LEFT EM	PTY BY A PERSO	N PROVIDING CARE	
Su	ırname			Telephone number		
Ot	her names			Mobile Number		
Tit	tle			mobile Humber		
۸.	ldress of					
pr	operty where			Council Tax Account	Reference	
ca	rė is provided					
		Postcode				
En	nail address					
	CANT PROPERT	Y				
pro	ldress of operty (for			e on which the perty ceased to be		
	nich plication is		you	ur main residence		
	ing made)		Dat	te tenancy ends/		
		Postcode		ded (if applicable)		
Date furniture removed						
На	s the property be	en put No	(if a	applicable)		
up	for sale?	Yes	If the property has not been	put up for sale, or if it wa	as rented and the tenancy	
			has not been relinquished, p indication of how long you ar	lease state below the re nticipate being resident (ason(s) why and give an elsewhere to provide care.	
			**			
М.	ame of person to					
	provided	whom care				
Re	Reasons why personal care is					
10	required					
Na	Name of the illness/disability					
causing care to be required		required '				
lf :	If you have any more information you would like to give us please us the extra page on page 3.					
Declaration						
	I declare that the information provided is true and accurate to the best of my knowledge and authorise the Council to make any enquiries necessary to verify it. I understand that I am obliged to inform the Council of any change in					
	circumstances.					

Length: 2 Pages

Declaration: Checkbox

Some Local Authorities

using this form:

Scarborough, St Albans



Occupied Annexe (CLASS W)

Application for Council Tax Exemption where an annexe is occupied as part of the main home or is the main home of a dependent relative of the council taxpayer of the main home. Where a dependent relative is someone who is over 65, severely mentally impaired or substantially and permanently disabled.

Page 4				
** Your Council Name **				
Please print this page and take it to your Doctor to complete and return it to: "Your Council Address" "Your Council Address" "Your Council Address"				
Alternatively you can scan and email it to this office (see page 1).				
DOC TORS CERTIFICATE COUNCIL TAX STATUS DISCOUNT/ EXEMPTION FOR THE SEVERELY MENTALLY IMPAIRED				
Name of the mentally impaired person				
Address				
Name and address of doctor Name Address Postcode				
I certify that in my opinion the above named person IS IS NOT				
suffering from "severe mental impairment of intelligence and social functioning (however caused), which appears to be permanent", in accordance with the Local Government Act 1992. and has been since:				

This form is comprised of sections on:

- Liable Council Tax Payer
- The details of all the residents of the annexe
- Declaration
- Extra Information Page
- Declaration for Doctor

Page 2 - Council Tax Exemption - Occupied Annexe	
Surname	
Other Names	
Title	
Address	
Postcode	
Email Address	
Telephone Number	

Length: 2 Pages

Declaration: Checkbox with a page to be printed and signed by the doctor where the person is SMI or disabled.

Some Local Authorities using this form: ARP, Scarborough, Fareham, SRP, St Albans

Occupation prohibited by law (CLASS G)

Application for Council Tax Exemption on a house where occupation is prohibited by law. The house must be unoccupied and unfurnished.

Page 2 - Council Tax Exemption - Occupation Pr	rohibited by Law
Surname	
Other Names	
Title	
Address	
Postcode	
Email Address	
Telephone Number	
Mobile Number	
Council Tax Account Reference	
What was the date the property became unoccupied? DD/MM/YYYY	
Is the occupation prohibited?	
Yes	
Is the property subject to a comulsory purchase order?	

This form is comprised of sections on:

- Liable Council Tax Payer
- Date property became unoccupied
- Whether the property is prohibited or subject to a compulsory purchase order and details about this
- Declaration

Length: 2 Pages

Declaration: Checkbox

Some Local Authorities using this form:

Scarborough, St Albans.



Unoccupied Annexe (Class T)

Application for Council Tax Exemption on an annexe which is an unoccupied property which (a) forms part of a single property, and (b) may not be let separately from that other dwelling without a breach of planning control.

This form is comprised of sections on:

- Liable Council Tax Payer
- Date property became unoccupied
- Whether the property can be sold or let
- Postal correspondence address
- Declaration
- Extra Information Page

Length: 2 Pages

Declaration: Checkbox

Some Local Authorities using

this form: Scarborough,

St Albans

Left Empty by a Student (CLASS K)

Application for Council Tax Exemption on a house left empty by a student(s) at University or College moving out of the property.

This form is comprised of sections on:

- Liable Council Tax Payer
- Date property became unoccupied
- Details of student and course
- Declaration
- Extra Information Page

Date the property became unoccupied	DDMM/YYYY Full	name of the student? (if other than above)
Name of the college or university attended?		
Address of the college or university?	St	tart date of course? DD/MM/YYYY
	Postcode	nd date of course?
Please give details of your term time address	T USLANDE	
	Postcode	

Length: 2 Pages

Declaration: Checkbox

Some Local Authorities using this form:

Scarborough, St Albans

Page 2 - Council Tax Exemption - Unoccupied Annexe				
Sumame				
Other Names				
Address or unoccpied annexe				
Postcode				
Email Address				
Telephone Number				
Mobile Number				
Council Tax Account Reference				
What date did the property become unoccupied?				
Is the property furnished?				
No				
Yes				
Can the annexe be sold/let seperately from the main property? No				
Yes				
What is the full postal address for correspondence?				
Postcode				
If there is any more information you would like to give us please use the extra page on page 3. Declaration				
I declare that the information provided is true and accurate to the best of my knowledge and authorise the Council to make any enquiries necessary to verify it. I understand that I am obliged to inform the Council of any change in circumstances. Please check this box to confirm you have read and agree to the above declaration.				
Your Name				
D. D. d. C				
Data Protection Statement - Council Tax and Business Rates				



In Care Home (CLASS E)

Application for Council Tax Exemption on a home where the liable Council Tax payer is in a care home or hospital receiving residential care.

This form is comprised of sections on:

- Liable Council Tax Payer
- Address of home where care is taking place
- Address of home which is left vacant, and dates where moved out/tenancy ends and furniture removed.
- Details of Person who is being cared for
- Declaration
- Extra Information Page

Page 2					
Council Name					
COUNCIL TAX UNOCCUPIED PROPERTY EXEMPTION - IN CARE HOME					
Surname of former resident	Address of empty property				
Title					
Council Tax	Postcode				
account reference	Lostona				
On what date did the property become unoccupied?	DD/MM/YYYY				
Is the property furnished? No What date was the furniture DDD/MM/YYYY Ves removed?					
Is the property owned 🔲 or rent	red by the above person?				
If rented, please provide details o	of the owner or Landlord, and indicate which:				
Owner	Name				
Landlord	Address				
	Postcode				
	Telephone				
	Date tenancy ended/will end DD/MM/YYYY				
Details of the care home:					
Name of home					
Name of owner					
Address					
	Postcode				
Telephone					
Date residency started	DD/MM/YYYY				
Is the residency permanent?	No Yes				
Do they intend to return home?	No What are the intentions with the property? e.g. to be sold, Yes let.				
If there is anything else you need to tell us please use the extra page on page 4.					

Length: 3 Pages

Declaration: Checkbox

Some Local Authorities using this form:

Ashford, Scarborough, St Albans

Notification of Deceased Person (CLASS F)

Page 2 - Council Tax/Non Domestic Rates - Notif	insting of Deceased Person
Surname of the deceased	Industrial of Decoused Crasti
Other names	
Title	
Address	
Postcode	
Council Tax/NNDR Account Reference	
Date of birth of the deceased DD/MM/YYYY	
What was the date of death? DD/MM/YYYY	
Executors details Name(s)	
Contact address for the executor(s)	
Postcode	
Telephone Number	
Has probate/administration been granted? No	
If no, please keep us informed of progress.	
Yes	
Solicitor's name (if different to executors)	
Solicitor's address	
Postcode	
Did the deceased own any other property in our area?	

Application for Council Tax Exemption on a house where the liable person has become deceased.

This form is comprised of sections on:

- Deceased Council Tax Payer
- Executors details
- Solicitors details
- Landlord details (if property is rented)
- Declaration
- Extra Information Page

Length: 3 Pages

Declaration: Checkbox

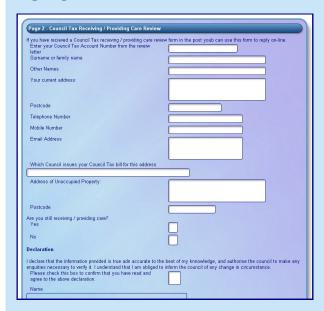
Some Local Authorities using this form:

Basildon, Scarborough, St Albans,

Wycombe



Receiving or Providing Care Review



Review form for someone who is either receiving or providing care and therefore living elsewhere so there property is exempt from Council Tax. To let the Council know if the circumstances have changed.

This form is comprised of sections on:

- Liable Council Tax Payer
- Address of Unoccupied Property
- Address where care was/is being provided
- Date returned home if no longer receiving or providing care
- Declaration

Length: 1 Page

Declaration: Checkbox

Combined Exemptions

One single application form which allows claimants to select a reason for claiming Council Tax exemption, including: Uninhabitable, Empty, Owned by Charity, Empty & Unfurnished, Liable Person in Detention, Liable Person in Care Home, Liable Person Deceased, Occupation Prohibited by Law, Empty Awaiting Minister of Religion, Liable Person in Need of Care, Liable Person Away Giving Care, Left Empty by Student, Repossessed Dwellings, Occupied by Students, Occupied by Visiting Force, Left Empty by a Bankrupt Person, Empty Caravan Pitch/Mooring, Occupied by Under 18s, Unoccupied Annexe, Occupied by SMI, Occupied Annexe.

This form is comprised of sections on:

- Liable Council Tax Payer
- Select the exemption(s) application is being made for
- Relevant pages on selecting an exemption
- Declaration

Length: 21 Pages

Declaration: Checkbox

Some Local Authorities using this form: Wycombe, Pembrokeshire, Shared Revenues Partnership,

Medway, Ashford

	Left empty by a bankrupt	۸	
Calantonia mandani	Left empty by student		
Select your exemption: You will be required to	Liable person away giving care		
complete relevant	Liable person deceased		
questions on the	Liable person in care home		
following pages.	Liable person in detention		
	Liable person in need of care		
	Occupation prohibited by law		
	Occupied annexe (dependant relative)		
	Occupied by SMI		t their full names on th
	Occupied by students		
	Occupied by under 18s		ehold?
	Occupied by visiting force		
	Left empty by a bankrupt	П	ctoria
	Lore ompey by a banki apt	4	
			Uhme



Council Tax Non Domestic Rates Forms

New Build Exemption Form

Retail Relief Application

Application for Small Business Relief

Occupation Form

Vacation Form

Vacation and Occupation Form

Change of Circumstances

Mandatory / Discretionary Rate Relief for Charitable and Other Non Profit Making Organisations

NEW Mandatory and Discretionary Rate Relief

NEW Small Business Bonus

NEW Rural Rate Relief

NEW Special Rebate (Disabled Persons)

NEW Statutory Rating Relief

NEW Renewable Energy Generation

NEW Empty Period Rates Relief

NEW Fresh Starts Rate Relief

NEW Change of Tenancy

NEW Change of Ownership



New Build Exemption Form

Application for Council Tax Exemption on an unoccupied new build (for up to 18 months) where the property comes on the list between 1st October 2013 and 30th September 2016.

This form is comprised of sections on:

- Business Details
- Details of New Build
- State Aid
- Declaration

Length: 2 Pages

Type of Declaration: Checkbox

Customers using this form: ARP, Fareham, SRP

Page 2 Council Tax - New Build Exemption Form				
Section A - Business and address details				
Council Tax Account Reference				
Surname				
Other names				
Title				
Business Name				
Premises Address				
Postcode				
Property Reference				
Telephone number				
Mobile number				
Email address				
Correspondence Address (If different from the property				
address)				
Postcode				
Section B - Splits, mergers and changes to existing hereditaments				
Please describe the New Build Property for which you wish to claim an exemption.				
The property must be wholly or mainly (more than half) comprised of new structures completed within the necessary time frame.				
Please provide plans and details of the existing property and the new structure, including details of the area or volume (photographs would be appreciated)				

Retail Relief Application

Application for relief to occupied retail properties with a rateable value of £50,000 or less in each of the years 2014/15 and 2015/16 only.

This form is comprised of sections on:

- Business Details
- Declaration

Length: 2 Pages

Type of Declaration: Checkbox

Some Local Authorities using this form: ARP,

Fareham, Medway, SRP

Small Business Relief

Application for Small Business Relief for one property or one main property and other additional properties providing those additional properties each have a rateable value which does not exceed £2,599.

The rateable value of the property, or the aggregate rateable value of all properties must not exceed £17,999 outside London or £25,499 within London, on every day for which relief is being sought.

This form is comprised of sections on:

- Business Details
- Any other business properties
- Declaration
- Extra Information Page

Length: 2 Pages

Type of Declaration: Checkbox

Some Local Authorities using this form: ARP,

Basildon, Fareham, Scarborough



Occupation Form

Registration for business rates for any business moving into or within the Council district.

This form is comprised of sections on:

- Details of new property
- Completion date of purchase
- Solicitor / Estate Agents Details
- Landlord / Letting Agents Details
- Details of property occupation/start date
- Details of anyone living in the property
- Declaration
- Extra Information Space

Length: 4 Pages

Type of Declaration: Checkbox

Some Local Authorities using this form: Ashford,

Basildon, Scarborough, St Albans, Wycombe

Vacation and Occupation Form

Form for completion by applicants who are moving in, moving out or changing premises within the Council District.

This form is comprised of sections on:

- Option to select whether a property is being vacated/occupied or one property is being vacated and another occupied
- The sections which match the option selected will then open up, with the same sections as the above forms

Length: 8 Pages

Type of Declaration: Checkbox

Vacation Form

Registration for business rates for any business out of a property within the

This form is comprised of sections on:

- Property details
- Date of vacation
- List anything remaining in property
- Details of whether the property has been sold or not
- Landlord / Purchaser details
- Forwarding details
- Declaration

Length: 2 Pages

Type of Declaration: Checkbox

Some Local Authorities using this form: Ashford, Basildon, Scarborough, St Albans, Wycombe

Page 2 Vacation Form	
Surname	
First name	
Title	
Vacating Address	
Postcode	
Council Tax Account Reference	
Email address	
Telephone number	
Please enter the names of all those persons responsit vacating.	ble for the payment of Council Tax at the address you are
First Person Surname	
First name	
Date of vacation	
Ponwarding address	
Postcode	
Second Person	
Sumame First name	
Date of vacation	
Ponvarding address	
	Victoria
	7 VIGUITA
	Egyppo

LALIII2

Change of Circumstances

Page 2				
Council Tax/Non	Domestic Rates - Change of Circumstances			
If you wish to report a change of circumst complete this form.	tances in respect of your Council Tax/Non Domestic Rates (NNDR) please			
Name of the liable person(s)				
, , , , , , , , , , , , , , , , , , ,				
Council Tax/NNDR account reference				
Council Lax MNDR account reference				
Property address				
	Postcode			
Please provide full details of the change(s	e) including the effective date			
i ious c province iun deians of the change	of monand the oriente and			
Contact details				
Your Surname	Telephone number			
Your First name				
	Mobile number			
Title				
Email address				
If there is any further information you wi	sh to tell us please use the extra page on page 3.			
If you have evidence to verify the information you have provided please scan and attach it to this form. Alternatively, you can post or deliver it in person, to this office (see page 1).				
,,,	.,,,			
Declaration				
I declare that the information provided is	true and accurate to the best of my knowledge and authorise the			
	y to verify it. I understand that I am obliged to inform the Council			
Please check this box to confirm you have	ve read and agree to the above declaration DD/MM//YYY			
Your name	Date			

Form to report a change in one/many circumstances to the Council which may affect your Rates Bills.

This form is comprised of sections on:

- Liable Council Tax Payer
- Council Tax Reference Number
- Property Address
- Details and date of change
- Declaration
- Extra Information Page

Length: 2 Pages

Type of Declaration: Checkbox

Some Local Authorities using this form:

Scarborough, St Albans

Mandatory / Discretionary Rate Relief for Charitable and Other Non Profit Making Organisations

Application for Mandatory / Discretionary Rate Relief for Charitable and Other Non Profit Making Organisations.

This form is comprised of sections on:

- Liable Council Tax Payer
- Claiming Organisation
- Questions for charity shops only
- Being a member of the organisation
- Declaration
- Official Use Only page (details of amounts of MR and DR granted, effective start dates and who they're authorised by.

Length: 4 Pages

Type of Declaration: Checkbox

Page 2	** Vaux Caux	ail Nama **		
** Your Council Name ** Application for Mandatory / Discretionary Rate Relief for Charitable				
·	and Other Non Profit Ma	king Organisations		
Surname Other names		Address Claim Refers to:		
Title				
Address				
		Postcode		
		Account Number		
Email address	Postcode			
SECTION A				
1. Full name of	claiming organis ation			
2. Registered n	umber of charity (if applicable)			
Is the organis sports Club?	ation registered as a Community Amateur	No ☐ Yes ☐ Please state Registration Number.		
		res Prease state registration reuniber.		
3. Is the organi	sation established or conducted for profit.	No 🗆		
		Yes 🗌		
	main objects of the organisation? e, religious, educational, recreational)			
(e.g. Oriantabi	e, rengious, educational, recreationaly			
5. Is the proper	ty a counied?	No \square		
3. is the proper	ty occupied:	Yes		
6. For what pur	pose is the property used, or will be used			
When next or (Define clearly exclusively.	ccupred? y the purpose for which it is used mainly or			
excidely ely.		Victoria		
		- VICTUITA		
To what exte	nt does the organisation provide services it of vulnerable groups?			
		Forms		

Small Business Bonus

Mandatory & Discretionary Rate Relief

Businesses which own individual properties with a rateable value of up to £18,000 or a combined rateable value of £35,000 or less will be eligible for this relief.

Page 2 - Small Business Bonus Application

Section 1 - Your Details

Full name of ratepayer/applicant
Position held within the business / organisation
Telephone Number
Email Address

Section 2 - Account Details

Account Number
This can be found on your bill. If you have not been issued a bill yet, lipsase leave blank.
Account / Business Name
Account / Contact Address

Postcode

Section 3 - Property Details

Please provide details of any other property / land for which you have a non-domestic rates liability anywhere in Scotland, continuing on the Extra Page (Page 3) if necessary.

How many properties/land do you have non-domestic rates liability for anywhere in Scotland?

Section 4 - Declaration

Applicants should note that the small business bonus scheme for which they re applying is being granted as de minimis aid for state aid purposes. There is a ceiling of 200,000 euros of de minimis aid that can be granted over a three year period. If you consider that you have already received in excess of, or close to, this sum over the past three years, please provide details below.

If there is any more information you would like to give us please use the extra space on page 3
I declare that to the best of my knowledge the information given in this application is true and complete. I understand that the Council may understake such enquires it considers appropriate to verify this claim. Understake to advise the COuncil of any change in circumstances including the occupation/vaccation of any other property in Scotland which may affect liability for non domestic rate relief.

Please check this box to confirm you have read and agree to the above declaration

Charities or organisations which are not established or conducted for profit may be entitled to help with their Business Rates bill.

Page 3		
Business Rate	s Mandatory & Discretionary Relief Application	
Section 1 - Applicant Details		
Last Name		
Other Names		
Contact / Correspondence Address		
	Postcode	
Telephone Number		
Email Address		
Company / Organisation Name		
Position within Organisation		
Type of Organisation	Charity	
	Voluntary	
	Company Ltd by Guarantee	
	Community Group Sports / Leisure Club	
Section 2 - Property Details	Sports / Leisure Cita	
Property Address		
	Postcode	
Property Reference This can be found on your bill. If you		
have not been issued a bill yet, please leave blank.		
Non Domestic Rate Account Reference		
This can be found on your bill. If you have not been issued a bill yet, please leave blank.		
Use of Property		
property is used for e.g. charity shop, office, community hall, sports facility etc.		
Does your organisation have any	No	
other non-domestic property in Scotland?	Yes	
Property Address		
	Postcode	
	1 OSLOGE	

This form is comprised of sections on:

- Applicant Details
- Account Details
- Property Details
- Declaration
- Extra Information Page

Length: 2 Pages

Type of Declaration: Checkbox

This form is comprised of sections on:

- Applicant Details
- Organisation / Charity
- The Property
- Mandatory / Discretionary Relief
- Management and Finance of Organisation
- Documentation Required
- Declaration
- Extra Information Page

Length: 4 Pages

Type of Declaration: Checkbox



Rural Rate Relief

Application for Rural Rate Relief, where a business is in an area with a population below 3000. Discount where your business is the only village shop or post office with a rateable value up to £8,500, or the only public house or petrol station with a rateable value up to £12,500.

This form is comprised of sections on:

- The Applicant
- The Property
- The Business
- Declaration
- Extra Information Page

Length: 3 Pages

Declaration: Checkbox

Page 2		
1997. The above act provides mand businesses within a rural area. Qua	Rural Relief General Stores Etc, in Rural Settlements, Local Govern atory and discretionary relief from Non Domestic Rates lifying Property RV Threshold Sole general store or pos 50 Capfor Discretionary Relief £17,000.	for certain types of
Section 1 - Your Details		
First Name		
Other Names		
Company / Organisation Name		
Contact / Correspondence Address		
	Postcode	
Telephone Number		
Email Address		1
Section 2 - Property Details		
Property Address		
	Postcode	
Property Reference This can be found on your bill. If you have not been issued with a bill yet please leave blank.		
Account Number This can be found on your bill. If you have not been issued with a bill yet please leave blank.		
Section 3 - Business Details		
is the property a General Store?	Yes No	
Is the property a Post Office?	Yes No	
is this the only business or trade of this nature in the area?	Yes No	

Special Rebate (Disabled Persons)

Application for Disablement Rebate in terms of the Rating (Disabled Persons) Act 1978.

Page 2			
Special Rebate (Disabled Persons) To qualify for Disablement Rebate in terms of the Rating (Disabled Persons) Act 1978 the premises on which rebate is claimed must be used wholly for one or more of the purposes outlined or partly for one or more of these purposes and partly for purposes ancillary to the specified purposes. Ancillary purpose could include for example, administrative office space or laundry or canteen whose major purpose is to provide a service premises on which rebate is claimed.			
Section 1 - Your Details			
Name of organisation claiming rebate			
Last name of applicant			
Other names of applicant			
Contact / Correspondence Address	Postcode		
Telephone Number			
Email Address			
Section 2 - Property Details			
Property Address		1	
Property Reference This can be found on your bill. If you have not been issued a bill yet, please leave blank.			
Section 3 - Purposes for whi			
Please indicate the purposes the purpose the	remises are used for. modation for the care of persons suffering from illness?		
The provision of residential accom-	modation for the care of persons suffering from liness? modation for the after-care of persons who have been		
suffering from illness?	modation for the care of disabled persons?		
	modation for the after-care of disabled persons?		
The provision of facilities for training illness or persons who have been s	ng or keeping suitably occupied, persons suffering from suffering illness?		
The provision of Welfare Services f	or disabled persons?		
The provision of the facilities for tra	aining or keeping suitably occupied disabled persons?		
	of facilities for employment or work on their own he Disabled Persons (Employment) Act 1944.		
	ment (being a workshop or other facilities) by a Local		

This form is comprised of sections on:

- The Applicant
- The Property
- How the premises is being used
- Declaration
- Extra Information Space

Length: 2 Pages



Statutory Rating Relief

Application for statutory rating relief.

Page 2			
Statutory Rating Relief			
Application for Statutory Rating Relief (for the purpose of Statutory Exemption from Rates in terms of Section 22 of			
1966)	the Valuation and Rating (Scotland) Act 1956, as amended by Section 21 of the Local Government (Scotland) Act 1966)		
Section 1 - Your Details			
Last Name			
Other Names			
Name of organisation claiming relief			
Contact / Correspondence Address			
Address			
	Postcode		
Telephone Number			
Email Address			
Section 2 - Property Details			
Property Address			
	Postcode		
Property Reference			
This can be found on your bill. If you have not yet been issued a bill yet,			
please leáve blank.			
Section 3 - Declaration			
Please use the extra page on Page	3 to tell us anything else you think we should know.		
I certify that the property is occupied by a religious body and that the premises are used wholly or mainly for religion purposes, and such occupancy and use is expected to continue during the current rating year.			
Please check this box to confirm you have Date			
read and agree to the above decla	ration		

This form is comprised of sections on:

- The Applicant
- The Property
- Declaration
- Extra Information Page

Length: 2 Pages

Declaration: Checkbox

Renewable Energy Generation Relief Scheme

Application for relief for a renewable energy producer who is solely concerned with the production of heat or power (or both) from; biomass, biofuels, fuel cells, photovoltaics, water, wind, solar power or geothermal sources.

Page 2	
Notes for Guidance	
The qualifying conditions for the purpose of the scheme is defined as a business owining leasing or otherwise entitled to occupy one or more business properties in Scotland with a total combined rateable value or £4 m or less, solely concerned with the generation of heat or power (or both) from the following sources:	
a. Biomass;	
b. Biofuels;	
c. Fuel Cells;	
d. Photovoltaics;	
e. Water (including waves and tides, but excluding production from the pumped storage or water);	
f. Wind;	
g. Solar Power;	

This form is comprised of sections on:

- The Applicant
- The Property
- Other properties owned by the company (there is space for 3)
- Declaration
- Extra Information Page

Length: 4 Pages

Page 3	
· ugo v	
Re	newable Energy Relief Application
Application to apply for Renewable	Energy Generation Relief, in accordance with The Non-Domestic Rates
(Renewable Energy Generation Reli Section 1 - Your Details	ef) (Scotland) Regulations 2010.
Last Name	
Other Names	
Other Names	
Position Held	
Company / Organis ation Name	
Contact / Correspondence	
Address	
	Postcode
Were they a	Proprietor
	Tenant
	Occupier / Sub tenant
Telephone Number	Occupier / Sub terrain
r ereprione wumber	
Email Address	
Section 2 - Property Details	
Property Address	
Property Address	
	Postcode
Property Reference	T osteode
This can be found on your bill. If you have not been issued a bill yet,	
please leave blank.	
Rateable Value (£)	
Type and Capacity of Generator	
Please provide details of any State	
Aid you have already received	
Are you liable for rates on any	Yes CTOPIO
other property in Scotland?	Victoria Victoria
	EULWG -

Empty Period Rates Relief

Application for rates relief for typically the first three months where a property is empty.

Page 3				
Section 4 - Exemptions				
In certain circumstance exemption to this property.	to the 90% charge may be applicable. Please indicate below any that may apply			
Is the rateable value below £1,700?	Yes No			
Is the property a Listed building or Ancient monument (as included in the Schedule of Monuments)?	Yes No			
Is the person entitled to possession of the property:	A trustee under a trust deed or an award of sequestration An executor of the estate of a deceased person A court appointed liquidator, or subject to a voluntary winding up order			
Is occupation of the property prohibited by law or any local or public authority?	Yes No			
Please provide details, you may be required to provide additional documentary evidence.				
Was the property constructed or adapted for use in the course of a trade or business and used for one or more of the following purposes:	The generation of electricity The working or processing of minerals Storage The manufacture, repair or adaptation of goods or materials or the subjection of goods or materials to any process			
Please provide details of the activities carried out in the property				
is any part of the property used for retail purposes?	Yes No			

This form is comprised of sections on:

- The Applicant
- The Property
- Whether the property is unoccupied and unfurnished
- Exemptions
- Declaration
- Extra Information Page

Length: 3 pages

Declaration: Checkbox

Fresh Starts Rate Relief

Application for rates relief on a property which was recently empty and has been newly occupied. Relief of up to 50% can be provided for up to 1 year.

This form is comprised of sections on:

- The Applicant
- The Property
- Declaration
- Extra Information Page

Length: 2 pages

Page 2		
Fresh Start Relief In accordance with the Non-Domestic Rating (Unoccupied Property) (Scotland) Amendment Regulations 2014, rates relief of 50%, for a period of 12 months, may be applied if all of the following circumstances are met for the property: - The property has previously been in receipt of empty property relief for a continuous period of at least 12 months - The property has a rateable value of under 655,000 - When last occupied, the property was used as a shop, office, hotel, public house or restaurant OR the property is intended for such uses Please be aware that for the period Fresh Start Relief is awarded, no other relief can apply.		
Section 1 - Your Details		
Last Name		
Other Names		
Name of organisation claiming relief		
Contact / Correspondence Address		
	Postcode	
Telephone Number		
Email Address		
Section 2 - Property Details		
Property Address	Postcode	
Property Reference This can be found on your bill. If you have not yet been issued a bill yet, please leave blank.		
Account Number This can be found on your bill. If you have not yet been issued a bill yet, please leave blank.		
Section 3 - Declaration		
Applicants should note that the Free aid purposes. There is currently a coperiod.	sh Start relief for which they are applying is granted as o eiling of 200,000 Euros of de minimis aid that can be gra	le minimis aid for State inted over a three year
Have you already received in excess of, or close to, this sum?	Yes	
Please give details		



Change of Tenancy

Form to inform the council that a property has had a change in tenancy.

Page 2				
Change of Tenancy				
Us e this form to notify us of change Domestic Rates assessment may b	es in the tenancy occupation of your property in order the issued.	nat an accurate Non -		
Section 1 - Your Details				
Last Name		1		
Other Names				
Company / Organisation Name				
Contact / Correspondence				
Address				
	Postcode			
Telephone Number				
Email Address				
Email Address				
Section 2 - Property Details				
Property Address				
	Postcode			
Property Reference This can be found on your bill. If you				
have not been issued a bill yet, please leave blank.				
Section 3 - Outgoing Tenant	/ Sub Tenant			
Name				
Company / Organisation Name				

This form is comprised of sections on:

- The Applicant
- The Property
- Outgoing / Subtenant Details
- Incoming Tenant / Occupier
- Declaration
- Extra Information Page

Length: 3 Pages

Declaration: Checkbox

Page 3				
Section 4 - Incoming Tenant	/ Occupier (Sub Tenant)			
Name				
Company / Organis ation Name				
Alternative Contact Address				
	Postcode			
Were they a	Tenant			
	Sub Tenant			
When did tenancy commence?				
Section 5 - Declaration				
If there is a gap in tenancy would you wish to be considered for	Yes			
empty Period Rates Relief?	No			
If you have anything else you need	to tell us please use the extra page on page 4.			

Change of Ownership

Form to inform the council that a property has had a change in ownership.

This form is comprised of sections on:

- The Applicant
- The Property
- Buyer Details
- Seller Details
- Declaration
- Extra InformationPage

Length: 3 Pages

Page 2			
	Change of Ownership		
Section 1 - Your Details	e in ownership of Non-Domestic Rates Properties.		
Last name of ratepayer / applicant		1	
Other names of ratepayer / applicant			
Company / Organisation Name			
Contact / Correspondence Address			
	Postcode		
Telephone Number			
Email Address		l	
Email Address			
Are you acting as an agent?	Yes No		
Are you acting on behalf of	Seller		
	Buyer		
Section 2 - Property Details			
Property Address]	
	Postcode	l	
Property Reference			
When was the property sold?			
Section 3 - Seller Details			
Name			
Company / Organis ation Name			
Forwarding Address		1	
	Postcode		
		oria ms	
	EN		



Council Tax Other Forms

Council Tax - Change of Address

Council Tax - Change of Circumstances

Council Tax - Additional Instalments

Council Tax - Arrangement Form

Council Tax - Budget Form

Council Tax - Direct Debit Mandate

Council Tax - Direct Debit Instruction

Council Tax - **Enquiry Form**

Council Tax - Exceptional Hardship

Application

Council Tax - Long Term Empty Property
Review

Council Tax - Refund Application

Council Tax - Statement Form

Council Tax - Sole and Main Residence

Council Tax - Personal Information

Council Tax - Owner / Landlord Change of Tenant Notification Form

Council Tax - Occupation Form

Council Tax - Vacation Form

Council Tax - Combined Vacation and Occupation

Council Tax – Combined Vacation and Occupation (and refund)



Change of Address

Form for an applicant to complete when someone has changed their address to inform the Local Authority.

This form is comprised of sections on:

- Liable Council Tax Payer
- Change of Address information
- Details of the new property
- Extra Information Page
- Declaration

Length: 4 Pages

Type of Declaration: Checkbox

Some Local Authorities using this form: ARP, Fife, Ashford, Basildon, Luton, Medway, St Helens, Waveney, St Albans, Scarborough

Change of Address Form			
Council Tax Change of Address			
About you			
Surname or family name			
Other names			
Any other names you have used			
Title			
Home / Mobile number			
Email Address			
Change of Address Informa	ation		
Are you currently living within the district?	No Yes If so clease state your account reference number:		
What is the address you are moving from?	If so, please state your account reference number:		
	Postcode		
What date are you moving out of this property?			
Does anybody else remain in the property?	No Yes If yes, please list names of any occupiers:		
	Title Forename/s Surname		
Did you own / rent or			
Did you own / rent or lodge at the property:			
	If owned, what was the completion date? Do you still own this property? No		
	Yes If yes, is the property furnished or unfurnished?		
	If sold, who are the new owners?		
	If the new owners are not known, who were the solicitors?		
	Who were the estate agents dealing with the sale?		
	What is the telephone number for the Solictors and/or Estate Agents ?		

Page 2 Council Tax Change of Circumstances		
If you wish to report a change of circumstances in respect of your Council Tax please complete this form. However, if you are moving in, moving out or wish to claim a reduction please use the specific forms which are available.		
Name of the liable persons - Name 1:		
Name of the liable persons - Name 2:		
Council Tax account reference		
Property address		
Postcode		
Please provide full details of the change(s) including the effe	ective date:	
Please provide any evidence you have to support these details	:	
Your surname		
Other names		
Title		
Telephone number		
Mobile number		
Email address		
If there is any more information you would like to give us please use the Extra Page on page 3.		

Change of Circumstances

Form to report a change in one or many circumstances to the Council, for example, change of name, address, billing address, household composition, property ownership, experiencing difficulty paying council tax.

This form is comprised of sections on:

- Liable Council Tax Payer
- Council Tax Account Reference Number
- Property Address
- Full detail and date of change
- Declaration
- Extra Information Page

Length: 2 Pages

Type of Declaration: Checkbox

Local Authorities using this form: ARP, Medway, Inverclyde, Ashford, Basildon, Castle Point, Fareham, Mid Devon, North Ayrshire, SVP, Wandsworth, Waveney

Additional Instalments

Application to pay monthly instalments of Council Tax until the end of the year.

This form is comprised of sections on:

- Liable Council Tax Payer
- Receive bills by email?
- Call back to set up direct debits?
- Declaration

Length: 1 Page

Type of Declaration: Checkbox

Some Local Authorities Using this form: Basildon

Arrangement Form

Application to set up a payment arrangement if you have been sent a summons to the magistrates court.

l propose to pay my Council Tax liability at a rate of £	
рег	
Date first payment to be received	
How will you be paying	

This form is comprised of sections on:

- Liable Council Tax Payer
- Council Tax Payment Proposal
- Employment Details (applicant and partner)
- Declaration

Length: 2 Pages

Type of Declaration: Checkbox

Some Local Authorities using this form: ARP,

Scarborough, St Albans

Budget Form

Form asking about a persons household income, debts, benefits received, other income sources, household outgoings and the persons repayment offers for Council Tax, Business Rates and Other options

This form is comprised of sections on:

- Liable Council Tax Payer
- Debts Owed
- Household Income
- Household Benefits Income
- Other Income
- Outgoings
- Offers of repayments
- Declaration

Length: 5 Pages

Type of Declaration: Checkbox

About your household outgoings			
Name 1			
	Amount £		Fre
Mortgage		every	
Rent		every	
2nd mortgage		every	
Secure loan		every	
Ground rent		every	
Service Charges		every	
Home insurance		every	
Life insurance		every	
Council Tax		every	
Gas		every	
Electricity		everv	
Water	ATH	oto	
Food / Housekeeping		ctoi	

Direct Debit Mandate

Direct Debit Details to pay Council Tax

This form is comprised of sections on:

- Liable Council Tax Payer
- Account Details
- Address of Bank / Building Society
- Council Tax Account Reference
 Number
- What date of the month they want to pay

Length: 1 Page

Type of Declaration: Checkbox

Some Local Authorities using this

form: Fareham

Direct Debit Instruction

Direct Debit
Mandate and
Instructions on
the paying
Council Tax by
Direct Debit.

Medvay Council Business Support Department, Medvay Council, Gun Wharf, Chatham, Kent ME4 4TR	Instruction to your Bank or Building Society to pay by Direct Debit
Your Account Details	Service User Number 9 8 3 3 5 0
Name(s) of Account Holder(s) Note: Your account must allow Direct Debt payments Branch Sort Code Account number	Instruction to your Bank or Building Society Please pay Medvay Council Direct Debts from the account desired in this instruction subject to the account desired in this instruction subject to the understand that this instruction may remain with Mediway Council and if no details will be passed electronically to my Bank / Building Society
Finding your account details in your cheque book OHE QUE 22-77-22 1 22-77-22 1. Sort code - 6 digits long 2. Account Number - 7 to 10 digits long Name and full postal address of your Bank / Building	Surname Other names Date This section reparting your address and choice of payment date is not part of the instruction to your Bank or Building Society Address
Society Branch To: The Manager Bank / Building Society	Postcode
Branch address Postcode	Please select your preferred date for payment of Council Tax from the list below. 1st i.e. 1st May' to 1st February 15th i.e. 15th April" to 15th January
Council Tax Account Reference Number Enter your Reference Number as it is shown on your bill	28th i.e. 28th April* to 28th January * or next available month (after allowing 10 days notice

This form is comprised of sections on:

- Liable Council Tax Payer
- Account Details
- Address of Bank / Building Society
- Council Tax Account Reference Number
- What date of the month they want to pay

Page 2		
Council Name	e	Instruction to your Bank or Building Society to pay by Direct Debit
Your Details		Service User Number 8 5 2 6 8 7
Surname		
Other names		For council official use only
Title		This is not part of the instruction to your Bank or Building Society.
Address		Please tick your preferred date for payment of Council
Address		7th 15th 21st 28th
	Postcode	Instructions to your Bank or Building Society
Your Accoun		Please pay:
Name(s) of Acc		from the account detailed in this Instruction subject to the
	.,	safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with
Bank or Buildin	g Society account number	Council Name
		and, if so, details will be passed electronically to my Bank / Building Society.
Branch Sort Co	ode	Confirmation(s)
		Account holder 1 Checkbox
Society Bran		Account holder 2 Checkbox
To: The Manag	ger Bank / Building Society	Date
Branch		
address		Your Email Address
	Postcode	
Council Tax	Account Reference Number	
	our Council Tax Account Reference Number	as
		Direct Debit Instructions for some types of account ding the Direct Debit Guarantee to retain for future reference
	inneria triat you print a copy or the form most	any the blieft beat durantee to letain or ratale reference

Length: 2 Pages

Type of Declaration: NO DECLARATION

Some Local Authorities using this form:
Brentwood, Castlepoint, Medway,
Harrogate, Scarborough, Uttlesford, SRP

Are you the bank account holder?	No Yes
Are you the only person required to authorise debits from the account?	No Yes



Enquiry Form

A basic form about the people who live in the house who qualify as liable for Council Tax payments.



This form is comprised of sections on:

- Liable Council Tax Payer
- Dates of purchase/moving in etc.
- Property owners details
- Apply for Single Person Discount
- Apply for Disabilities Discount
- Paying by Instalments
- Declaration

Length: 2 Pages

Type of Declaration: Checkbox

Some Local Authorities using this form: Ashford, Dundee, Fareham, Kensington & Chelsea, Reigate & Banstead, St Albans, Wycombe

Exceptional Hardship

Further help towards an applicant's council tax bill if they are facing severe financial hardship.

This form is comprised of sections on:

- Liable Council Tax Payer
- Details of last address / move and affordability of move
- Income and Spending
- Debts
- Details of whether they have looked for debt advice
- Other reasons they would like exceptional hardship payment
- Declaration
- Extra Information Page

Length: 8 Pages

Type of Declaration: Checkbox or Signature

Some Local Authorities using this form:

Brentwood, St Helens, Wycombe

our Wages	
Weekly	
Monthly	
our Partners Wages	
Weekly	
Monthly	
Company Pension	
Weekly	
Monthly	
ncome Support	
Weekly	
Monthly	
Jobseekers Allowance	
Weekly	
Monthly	
Child Benefit	
Weekly	
Monthly	Victoria
Norking Tax Credit	

Long Term Empty Property Review

A review form for homes which have remained empty over a long period of time. For example since the previous year they applied for an exemption / discount.

This form is comprised of sections on:

- Liable Council Tax Payer
- Council Tax Account Number from Review Letter
- Address and details of empty property
- Declaration
- Extra Information Page

Length: 2 Pages

Type of Declaration: Checkbox

	** Your Counc	cil Name **	
	OUNCIL TAX LONG TERM E	Empty Property Review review form in the post you can use this form to	
Enter your council tax accoun	t number from the review letter		
Title		Telephone number	
Surname or family name			
Other names		Mobile number	
Your current address: (Main Home)		Email address	
	Postcode		
Which Council issues your Council Tax bill for this address			
Do you still own / rent the ab	_	Yes Do Date you sold the property	
her main home?	No 🗌	or your tenancy ended: DDMI	M/YYY
If "Yes" please provide their i Name	name and date they moved in.	Name(s) of the new owner / landlord	
Date Sthe property still unfurnished	DD/MM/YYYY id? Yes No	Address of the new owner / landlord	
If "No", when did the property		ZMM/YYYY	
Declaration	on Page 3 to tell us about anythin provided is true and accurate to the	g else you think we should know. e best of my knowledge, and authorise the council to n obliged to inform the council of any change in)
Please check this box to confirm that you have read and agree to the above declaration	Name:		

Refund Application

If a change in your circumstances results in an overpayment of Council Tax, you can apply for a Council Tax Refund.

Page 2 Council Tax - Refund Application			
You should complete this form if you have been notified that	You should complete this form if you have been notified that your Council Tax account is in credit.		
To receive a refund, please complete all sections of this form before completing the declaration and submitting the form to us.			
Please note by providing your bank account details we are able to safest way of receiving your refund.	credit your bank account directly. This is the quickest and		
Sumame of primary liable Council Tax Payer			
Other names of primary liable Council Tax Payer			
Name(s) of all other liable Council Tax Payer(s)			
Council Tax Account Reference			
Address			
Postcode			
Refund amount claimed			
If you have moved within the borough and would like your Credit to Council Tax reference number and property address Council Tax reference number.	ansferred to your new address please provide your current		
Address			
Postcode			
Name of person to whom refund should be made			
Name and branch of UK Bank / Building Society			
Sortcode			
Account Number			
NB: Some Building Society accounts do not accept BACS p	ayments. In these cases a cheque will be sent instead.		
If you have made your payments by debit / credit card please tick this box			
 If you would like refund confirmation sent to a different address fro Address	m the Council Tax property, please provide -		

This form is comprised of sections on:

- Liable Council Tax Payer
- Details of old property outside of borough if credit transfer required
- Name and account details if refund required
- Declaration

If you have moved within the borough and would like your Credit tra Council Tax reference number and property address Council Tax reference number	nsferred to your new address please provide you	r current
Address		

Length: 2 Pages

Type of Declaration: Checkbox

Some Local Authorities using this form: Ashford,

Basildon



Statement Form

A simple form for any changes that the Council need to know about.

Page 2 Statement Form		
Surname		
Other names		
Title		
Address		
Postcode		
Mobile number		
Council Tax Account Reference		
Telephone number		
Email address		
Statement / Declaration		
I declare that the information provided is true and accurate to the best of my knowledge and authorise the Council to make and enquiries necessary to verify it. I understand that I am obliged to inform the Council of any change in circumstances.		
Please check this box to confirm you have read and agree to the above declaration.		
Full name		

This form is comprised of sections on:

- Liable Council Tax Payers Details
- Council Tax Account Reference Number
- Details of any changes (including dates)
- Declaration

Length: 1 Page

Type of Declaration: Checkbox

Some Local Authorities using this form:

Shared Revenues Partnership

Personal Information

Personal information about the person who owes Council Tax and the form allows them to enter how much they think they can pay and how often.

This form is comprised of sections on:

- Liable Council Tax Payers Details
- Partners Details
- Brief Income Details
- Declaration

Length: 2 Pages

Type of Declaration: Checkbox

Some Local Authorities using this form: Medway

Sole and Main Residence

A form for someone who resides in two properties.

This form is comprised of sections on:

- Liable Council Tax Payers Details
- Details of both properties
- Employment details
- Declaration
- Extra Information Page

Length: 3 Pages

Type of Declaration: Checkbox

Which property do you consider your main residence?	
A	
В	
Both	
Neither	
Which property do you own, if any? A	
В	
Both	
Neither	
Discoulation of the control of the c	
Please check the box of the property if it is solely owned by you. If not, leave blank.	
A	
В	
If oen (or both) or the properties is not solely owned by you,	
please provide the name and address of all joint owners.	
Do you rent/lease either property A	
В	
Both	
Neither	Victoria
Is the tenancy for six months or longer?	
TO THE LENGTH TO SIX HUMBIG OF TURBER	Lorme

Owner / Landlord Change of Tenant Notification

Form for a Landlord to let the Council know when they have a new tenant in their property.

This form is comprised of sections on:

Owner / Landlord

Property

Current Tenants

New Tenants

New Owners

Declaration

Length: 2 Pages

Type of Declaration: Checkbox

Some Local Authorities using this form: Inverclyde. St Albans . Scarborough, Ashford

Vacation Form

To inform the Council you are vacating a property.

This form is comprised of sections on:

- Details of person leaving property
- Others leaving property (and forwarding addresses)
- Names of anyone who will still live there
- Whether you are Liable for Council Tax at your new address
- How you are leaving the property (furnished/unfurnished)
- Whether property has been sold / is being leased / rented

Address to transfer Council Tax balance to

Declaration

Extra Information Space

Length: 3 Pages

Type of Declaration: Checkbox

Some Local Authorities using this form:

Ashford, Fareham, Scarborough, St Albans

Kensington & Chelsea, Pembrokeshire

Occupation Form

Form to tell Council you have moved into a property within the district boundaries.

This form is comprised of sections on:

- Liable Council Tax Payers Details
- Dates (purchased/occupied/furnished/rented)
- Old Occupier Address
- Details of all over 18s
- Details of 16 and 17 year olds
- Property owner / agent details
- Why is it unoccupied?
- Other exemptions
- Declaration
- Extra Information Space

Length: 3 Pages

Type of Declaration: Checkbox

Some Local Authorities using this form: Ashford,

Fareham, St Albans, Scarborough,

Kensington & Chelsea, Pembrokeshire



Vacation and Occupation

To notify the Council when moving out of a property in the area and into another in the same area.

Page 2 Council Tax - Change of Address	
Title	
Surname	
First name/s	
Telephone number	
Email address	

This form is comprised of sections on:

• Select whether moving into, out of or within the Council Area

Questions then appear according to each selection

- Details of the property being moved out of
- Details of the property being moved in to
- Details of the properties being moved between in the area
- Declaration
- Extra Information Page

Page 4 Council Tax - Change of Address		
Is the whole household moving out of the property? No Yes		
If you are moving within the area and pay by direct debit your instruction can be transferred to your account at the new property, if appropriate. Would you like this to happen? No Yes		
If you are moving out of the Winchester City Council area please provide a forwarding address so that a closing bill can be sent to you		
Address		
Postcode		
If you have any more information you would like to tell us please use Page 6 to do so.		
DECLARATION - I declare that the information provided is true and accurate to the best of my knowledge, and authorise the council to make any enquiries necessary to verify it. I understand that I am obliged to inform the council of any change in circumstance.		
Please check this box to confirm that you have read and agree to the above declaration		
Data Protection - any information you give us will be held securely and in accordance with the rules on data protection. We will treat personal details as private and confidential, and safeguard them. We will not disclose them to arryone unconnected with the council unless you have consented to their release, or in certain circumstances where: we are legally obliged to do so; disclosure is necessary for the proper discharge of our statutory functions;		
disclosure is necessary to enable us to provide you with a requested service or deal with your enquiry;		
we are under a duty to protect public funds.		
We may use the information you have provided for the prevention and detection of fraud. We may also share thi information with other bodies responsible for public funds or for auditing them for these purposes.	is	

Length: 5 Pages

Type of Declaration: Checkbox

Some Local Authorities using these forms: ARP, Basildon, Harrogate, SRP, St Albans, Wycombe

(and refund)

Additional page on applying and giving bank details if a Council Tax refund is due.

Account Details

Page 7		
If a refund is applicable on closure of your Council Tax account and you do not currently pay by Direct Debit, please select the box to fill in your bank or building society details if you wish to avoid any delays in your refund.		
What type of account would you like the refund to be paid	linto?	
Bank Account		
Name of person to whom refund should be made:		
Name and branch of UK Bank		
Sort code:		
Account Number:		
Building Society Account		
Name of person to whom refund should be made:		
Name and branch of UK Building Society:		
Sort code:		
Account Number:		
Roll Number:		
NB: Some Builiding Society accounts do not accept BACS	S payments.	
A refund for a credit where there are joint names on the Council TaxBusiness Rates account requires confirmation from all of the liable parties/payees. In checking the below declaration box and submitting this form, you confirm that you have consulted and agreed on details of this refund with all other liable parties/payees of property.		
I/We claim a refund of over paid Council Tax / Business Rates payers(s) named above, or the authorised agent, and I/We are entitled to the refund.		
Confirmation:		
Date: Full Name:		
Telephone: Email Addr	ess:	

Length: 7 Pages

Type of Declaration: Checkbox





Sentry House
Northgate Street Business Park
110B Northgate Street
Bury St Edmunds
Suffolk
IP33 1HP

Telephone: 01284 701000

Email: VicFormsSales@VictoriaForms.co.uk

Web: www. victoriaforms.co.uk

Our Offices are open Monday to Thursday (excluding UK public holidays) 9.00am to 5.30pm, Fridays 9.00am to 5.00pm.

