



Council Tax Discount/Exemption for Person Receiving Care

Name:

Address:

Account reference number (if known):

Please read the evidence required before completing this form as you may need to provide supporting evidence/information that is not readily available.

Please note:-

- **Making an application for a discount or exemption is not grounds for non-payment of Council Tax. Payment must continue to be made in accordance with the bill already issued until you have received confirmation that the request has been granted**
- **No discounts or exemptions will be granted retrospectively, except in exceptional circumstances**
- **If documentary evidence is not provided with your completed form, your request will not be processed until this is received.**
- **Please note to claim this discount or exemption the move must be permanent and there must be no intention to return to this property.**

To help the council work out the correct Council Tax bill for this property, I would be grateful if you would answer these questions.

1. What date did the person move out of the property to receive care?

2. What is the name of the person?

3. Is the property now occupied?

4. If yes, please confirm the full names and status of those people over 18 who are still living at the property.

Name of Occupier	Status e.g. tenant/owner/lodger
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5. If the person was a tenant, what was the name and address of their landlord?

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6. What date was the tenancy ended?

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7. If the property was owned who is now dealing with the person's affairs?

Name	Address

8. Have they moved to a home, hospital or hostel? If yes, could you please provide evidence of the date this took place?

9. If they have moved elsewhere other than a home or hostel please provide the following details:

Name	Address

10. Is this move due to the person requiring care due to old age, disablement,

Yes or No

illness, past or present alcohol or drug dependence, or past or present mental disorder?

Please sign and return this form to the Council Tax Office.

Thank you.

DECLARATION

By signing this form I declare the following:

The information on this form is correct and complete to the best of my knowledge and belief. I understand that it is a criminal offence to make a statement or representation that I know to be incorrect or to provide documentation that is false or fail to disclose information to the authority where the law requires it, after this form is complete. If I do so I may be prosecuted.

If a discount or exemption no longer applies I will notify the council within 21 days of this occurring.

I understand that this authority is under a duty to protect the public funds it administers and to this end may verify the information I have provided on this form with other internal departments, government agencies, local authorities and private sector organisations for the purpose of billing, collection and recovery of Council Tax and for the prevention and detection of fraud. It may also share this information with these agencies and other bodies responsible for auditing or administering public funds for these purposes.

Signature:	<input type="text"/>	Date:	<input type="text"/>
Full name:	<input type="text"/>		
Email:	<input type="text"/>		
Phone:	<input type="text"/>		

To submit your application you will need to:

1. Scan the completed form and relevant documents using either a scanner or taking a picture of it using your mobile phone.
2. Send the scanned/pictured image to your computer eg by email or text
3. Answer all the questions and then attach the image at www.harlow.gov.uk/evidenceform

Address Harrow Council, Council Tax, PO Box 731, Harrow, HA3 3RG

Web www.harlow.gov.uk

EVIDENCE REQUIRED

If the move is to a hospital, home or hostel, please provide written confirmation of the date of admission. If the move is to an address other than the above, please provide evidence of this move e.g. benefit notice confirming new address,

Please provide evidence that the move is required for care due to:

- Old age
- Disablement
- Illness
- Alcohol or drug dependence
- Mental disorder

e.g. proof of receiving higher attendance allowance or social service assessment confirming level of care.