



Council Tax Discount/Exemption Application Form - People who have left their property empty to provide care elsewhere

Account number:	
Name:	
Property address:	

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) Date customer moved out of property

2) Name of the person that has moved out

3) Is the property now unoccupied? YES / NO If yes, please go to question 5

4) If no, 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

5) What is the name, address and date of birth of the person to whom you are now providing care?

Name	Address
Date of birth:	

6) If this is not within the London Borough of Harrow, please provide a copy of the Council Tax bill confirming residence.

7) Is this the address at which you are living to provide care? YES / NO

8) If it is not, please provide the address at which you are living:

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9) Is the move related to the person requiring care due to old age, disablement, illness, past or present alcohol or drug dependence or past or present mental disorder?
YES / NO

IF THE REQUIRED DOCUMENTARY EVIDENCE IS NOT SUBMITTED WITH YOUR COMPLETED FORM, YOUR REQUEST WILL NOT BE PROCESSED UNTIL THIS IS RECEIVED.

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.

DECLARATION

By signing this form I declare the following:

That 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 for which I may be prosecuted make a statement that I know to be incorrect or to provide documentation that is false. I also understand that it is an offence to fail to disclose information to the authority where the law requires it, after this form is complete.

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 administrating public funds for these purposes.

Signature:	<input type="text"/>	Date:	<input type="text"/>
Full Name:	<input type="text"/>		
Email Address:	<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.harrow.gov.uk/evidenceform

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

Web www.harrow.gov.uk

EVIDENCE REQUIRED

PART ONE

The person providing care elsewhere must provide written confirmation of the following:- that the person being cared for is of-

- Old age
- Disabled
- Ill
- Alcohol or drug dependant
- Has a mental disorder

PART TWO

Some form of proof confirming that the person being cared for is listed in part one and requires care e.g. a hospital letter

PART THREE

Proof of your connection with the Crown, a charity or a local authority in providing care to this person including the date that you started providing this care.

A copy of your pay slip