



**Council Tax – Discount/Exemption for Members of Religious Communities
Application**

Name:

Address:

Account reference number (if known):

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.**

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. How many people over 18 live here?

2. What is the name and address of the religious community?

| Name | Address |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

3. Are you a practising member?

YES/NO

4. What is the main purpose of the community?

5. How is the community financed?

6. Do you have any income, other than a pension from a previous job? Please provide a copy of your last 2 bank statements to support this.

7. Do you have any capital, savings, or receive any benefits from the Benefits or Pension Services Agencies? If yes, please give details below and provide evidence.

8. Please give the name and address of the person who owns the property you live in.

| Name | Address |
|------|---------|
| | |

9. Are you a minister of religion?

YES/NO

10. If you are a minister of religion, what is the address from which you perform your duties?

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

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 administrating public funds for these purposes.

Signature: Date:
Full Name:

It would help if you could supply daytime contact details in case we need further information.

| | |
|------------------|----------------------|
| Email Address: | <input type="text"/> |
| Tel number: | <input type="text"/> |
| Contact Address: | <input type="text"/> |

Address Harrow Council, Council Tax, PO Box 731, Harrow, HA3 3RG
Web www.harrow.gov.uk