

COUNCIL TAX APPLICATION FOR EXEMPTION ANNEXE OCCUPIED BY ELDERLY OR DISABLED RELATIVE

Date of Issue: **19 November, 2009**

Council Tax Account no.....

MAIN PROPERTY ADDRESS	ADDRESS OF ANNEXE
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Name of Person(s) occupying Main Address:	<input style="width: 100%; height: 25px;" type="text"/>
Name of Person(s) occupying Annexe:	<input style="width: 100%; height: 25px;" type="text"/>
Relationship:	<input style="width: 100%; height: 25px;" type="text"/>
Exemption start date:	<input style="width: 100%; height: 25px;" type="text"/>

Exemption from Council Tax applies for a Self-contained Annexe which is occupied by a Dependant Relative of the Family who live in the other part of the Building, where the Dependant Relative is either:-

- | | | |
|----|---|---|
| | a) Aged 65 years old or over | Please tick as appropriate
<input style="width: 40px; height: 20px;" type="checkbox"/> |
| OR | b) Severally Mentally Impaired | <input style="width: 40px; height: 20px;" type="checkbox"/> |
| | c) Substantially and permanently disabled | <input style="width: 40px; height: 20px;" type="checkbox"/> |

DECLARATION

The information given on this form is correct. I undertake to notify you immediately if I believe that any exemption granted in respect of this application is no longer appropriate.

SIGNATURE: DATE:

TELEPHONE NUMBER: