

**COUNCIL TAX PROPERTY EXEMPTION FORM (OCCUPIED ANNEXES)**

This form will help the Council determine whether this property should be exempt from Council Tax. It will also assist the Council in determining from when, or up to, which date the exemption should apply. This exemption, introduced on 1 April 1997 relates to dwellings if they form part of a single property including at least one other dwelling and is the sole or main residence of a dependant relative of a person who is resident in that other dwelling(or one of those other dwellings).

A 'dependent relative', for this purpose is:

- (a) a person aged 65 years or more or,
- (b) a person with severe mental impairment(within the meaning of Schedule 1 to the Local Government Finance Act 1992)or,
- (c) a person who is substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise).

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

Full Name	Date of Birth	Relationship to Applicant	Disabled/Mental Illness
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If aged under 65,are the dependant relatives severely mentally impaired:YES/NO  
 If YES, please provide name & address of doctor:\_\_\_\_\_

If NO, please provide details of disablement/illness plus name & address of Doctor:\_\_\_\_\_

**DECLARATION.**

I understand that the Council may wish to check the information I have given. I will tell the Council immediately about changes in the status of the property. I understand that under the Local Government Finance Act 1992, anyone giving false information could be prosecuted or face imposition of penalties. As far as I know the information I have given is true and accurate.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_

HEAD OF REVENUES AND BENEFITS.

NB. This information may be used by the Council for other relevant purposes.