

COUNCIL TAX ENQUIRY FORM

BEFORE YOU FILL IN THIS FORM PLEASE READ THE INFORMATION LEAFLET, TO PREVENT YOU PROVIDING THE WRONG INFORMATION. YOU HAVE TO GIVE THE INFORMATION REQUESTED IN PART 1. IF YOU DO NOT SUPPLY THE DETAILS REQUIRED WITHIN 21 DAYS YOU MAY BE CHARGED A PENALTY OF £50. YOU DO NOT HAVE TO FILL IN PARTS 2 TO 4 BUT IF YOU DO IT WILL HELP US TO PROVIDE YOU WITH THE PAYMENT FACILITIES YOU WANT AND ANY REDUCTIONS/DISCOUNTS TO WHICH YOU MAY BE ENTITLED. THE INFORMATION PROVIDED WILL BE HELD ON COMPUTER WHERE IT IS SUBJECT TO THE DATA PROTECTION ACT 1998. THIS AUTHORITY IS UNDER A DUTY TO PROTECT FUNDS WHICH IT ADMINISTERS, AND TO THIS END MAY USE THE INFORMATION HELD ABOUT YOU FOR THE PREVENTION AND DETECTION OF FRAUD. IT MAY ALSO SHARE THIS INFORMATION WITH OTHER BODIES RESPONSIBLE FOR AUDITING OR ADMINISTERING PUBLIC FUNDS FOR THESE PURPOSES. IF YOU REQUIRE ANY ASSISTANCE IN COMPLETING THIS FORM, CONTACT THE COUNCIL TAX OFFICE ON (01536) 464000, OR CALL AT THE COUNCIL'S OFFICES.

PART 1 THE LIABLE PERSON(S)

PLEASE USE BLACK INK AND CAPITAL LETTERS

1. THIS PART OF THE FORM DETERMINES WHO WILL PAY THE COUNCIL TAX. AFTER READING THE LEAFLET THE PERSON(S) LIABLE TO PAY SHOULD BE ENTERED BELOW. **PLEASE NOTE THAT MARRIED COUPLES, PEOPLE LIVING TOGETHER AS HUSBAND AND WIFE, CIVIL PARTNERS AND JOINT TENANTS WILL BE JOINTLY AND SEVERALLY LIABLE FOR ANY SUM DUE.**

	TITLE	FORENAMES	SURNAME	ADDRESS (IF DIFFERENT)	PLEASE TICK		
					OWNER	TENANT	OTHER
1							
2							
3							

	DATE OF PURCHASE/TENANCY	DATE PROPERTY OCCUPIED	PREVIOUS ADDRESS
1			
2			
3			

2. HOW MANY ADULTS (18 OR OVER) LIVE HERE?
3. ARE YOU THE ONLY PERSON OVER 18 LIVING IN YOUR HOME? (IF YES, PLEASE COMPLETE SECTION 2 OVERLEAF) YES NO
4. DOES MORE THAN ONE FAMILY/HOUSEHOLD LIVE AT THIS ADDRESS? YES NO
5. DOES A MINISTER OF RELIGION LIVE AT THIS ADDRESS? YES NO
6. IS THE DWELLING UNOCCUPIED*/USED AS A SECOND HOME*? (IF YES, PLEASE COMPLETE SECTION 3 OVERLEAF) YES NO
*DELETE AS APPROPRIATE

7. IF THE PERSON(S) SHOWN ABOVE IS A TENANT, PLEASE GIVE THE NAME AND ADDRESS OF THE LANDLORD OR LETTING AGENT

TITLE	FORENAMES	SURNAME	ADDRESS

PLEASE SIGN AND DATE THIS FORM OVERLEAF.

PART 2 DISCOUNTS AND REDUCTIONS

1. Does only one adult live at this address? Yes / No
 If Yes, please answer questions 2 to 6. If No go to question 6.
2. How many persons will become 18 years old in the next twelve months?
3. If any, please give date of birth of next person to become 18 years old.
4. What date did you become a single adult household?
5. What is the name and forwarding address of the adult who last lived with you (if any).

6. How many persons living at this address are aged 18 or over or will become 18 in the next 12 months and are:-

	No of Persons		No of Persons
A full time student?		A member of a religious community	
A student nurse?		Severely mentally impaired	
An apprentice?		Resident long term in a NHS hospital	
A youth trainee?		In a residential/nursing home	
A school leaver?		A resident careworker	
In prison?		A member of international headquarters or a visiting force	
A diplomat?			

7. Has the property been adapted for someone who lives at this address and who is physically disabled? Yes / No

PART 3 UNOCCUPIED PROPERTY

- What date did this property become unoccupied?
- Is the property unfurnished or furnished?
- If unfurnished, when was the furniture removed?
- Is the property owned by a Charitable Organisation? Yes / No

Please tick below the reason which best fits why the property is unoccupied

- | | | | |
|---|--------------------------|---|--------------------------|
| Newly built dwelling | <input type="checkbox"/> | Occupier now in residential home/hospital | <input type="checkbox"/> |
| Reposessed by a lending institution | <input type="checkbox"/> | Last occupier deceased | <input type="checkbox"/> |
| Occupier is in prison | <input type="checkbox"/> | Last occupier lives elsewhere to receive care | <input type="checkbox"/> |
| Kept free for a minister of religion | <input type="checkbox"/> | Last occupier lives elsewhere to provide care | <input type="checkbox"/> |
| Last Council Tax payer was a student and still is a student | <input type="checkbox"/> | Last occupier is in bankruptcy | <input type="checkbox"/> |
| Occupation prevented by law | <input type="checkbox"/> | Caravan Pitch/Boat Mooring | <input type="checkbox"/> |
| Structural alterations | <input type="checkbox"/> | Granny Flat/Annexe | <input type="checkbox"/> |
| Repairs/Decorations | <input type="checkbox"/> | Other - Please specify:- | <input type="checkbox"/> |

PART 4 PAYING THE COUNCIL TAX

The Council Tax can be paid in one of the following ways - please tick your preferred option.

- Monthly by Direct Debit 1st Monthly by cash Weekly by cash each Monday
 (10 months) 16th (10 months) (48 weeks)

Direct Debit instructions can now be collected over the phone. Please complete the box below with your telephone number and we will contact you to take the details.

PART 5 DECLARATION

Please sign the declaration then fold and return this form in the prepaid envelope provided.

I declare that the information given on this form is correct to the best of my knowledge and belief.

- SIGNED FULL NAME IN CAPITALS
- DATE TELEPHONE NUMBER