

To Be Returned To:
 Perth & Kinross Council
 Executive Director (Housing & Community Care)
 PO Box 7300
 PERTH
 PH1 5WH
 Telephone No: (01738) 476000
 (Mon-Fri 8.45am to 5.00pm)
 Email: localtaxes@pkc.gov.uk
 Fax No: (01738) 475610



PROPERTY EXEMPTION APPLICATION FORM
OCCUPIED PROPERTY

EXPLANATORY NOTE

Your Council Tax bill is worked out on the basis of one or more adults (an adult is a person aged 18 years or over) living in the household. You may qualify for an exemption if ALL adults living in the household fall into a disregarded category.

An application for an exemption must be made by the person who is liable to pay Council Tax for the property, or an agent acting on his/her behalf. Any information given will be treated in the strictest confidence.

If you wish to apply for an exemption, please complete this form and return it to: **THE COUNCIL TAX UNIT, PERTH & KINROSS COUNCIL, PO BOX 7300, PERTH, PH1 5WH.**

Should you require any further information, you may telephone a member of staff on **(01738) 476000** or alternatively visit the **Reception at Pullar House, Kinnoull Street, Perth.**

PLEASE NOTE THAT SHOULD YOU QUALIFY FOR AN EXEMPTION, FORMS ARE ISSUED PERIODICALLY TO REVIEW YOUR CIRCUMSTANCES. AN OFFICER OF THE COUNCIL MAY CONTACT YOU WITH A VIEW TO ARRANGING A VISIT TO THE PROPERTY.

SECTION A: TO BE COMPLETED IN ALL CASES

Name(s) of liable person(s):

Address:

How many adults reside in the above property?

Date of Entry to the Property:

Daytime Telephone Number:

Property Address (if different from above):

Council Tax Account Number (if known):

SECTION B: THIS REFERS TO STUDENTS/NURSING STUDENTS

(1) Name(s) of Student(s)/Nursing Student(s)

(2) Provide Date(s) of Birth for the above:

(3) Name and address(es) of College or University etc attended by person(s) named above:

(4) Provide the Title(s) of the Course(s) being attended:

(5) Start Date of Course(s):

(6) End Date of Course(s):

IF MORE THAN TWO STUDENTS ARE RESIDENT IN THE PROPERTY, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

A STUDENT CERTIFICATE MUST BE SUPPLIED FOR EACH STUDENT DETAILED ABOVE. A CERTIFICATE SHOULD BE SUPPLIED BY YOUR EDUCATIONAL ESTABLISHMENT.

Please also complete overleaf.

SECTION C: RECENT SCHOOL/COLLEGE LEAVERS

(1) Name(s) of Person(s) who have recently left School/College and are under 20 years of age:

Name: Date of Birth:

Name: Date of Birth:

(2) Date of leaving School/College:

(3) Name of School/College attended:

(3) Subject(s)/Course Undertaken:

SECTION D: PERSONS UNDER 18 YEARS OF AGE

(1) Name(s) of Person(s) who are under 18 years of age:

(2) Provide Date(s) of Birth for the above:

SECTION E: SEVERE MENTAL IMPAIRMENT

(1) Name(s) of Person(s) who is severely mentally impaired:

(2) Please state which one of the undernoted allowances they receive and detail the WEEKLY amount received.

	£		£
Incapacity Benefit	.....	Disabled Person Tax Credit	.....
Attendance Allowance	.....	An Unemployability Supplement	.....
Severe Disablement Allowance	.....	Constant Attendance Allowance	.....
Disability Living Allowance-higher rate (Care Component)	.....	Income Support Disability Premium	.....
Disability Living Allowance-middle rate (Care Component)	.....	Increased Disablement Pension (due to need for constant attendance)	.....
Unemployability Allowance	.....	

(3) Give the date the Allowance commenced:

IF THIS SECTION APPLIES, A DOCTOR'S CERTIFICATE VERIFYING THE MENTAL IMPAIRMENT SHOULD BE SUPPLIED ALONG WITH THIS APPLICATION.

SECTION F: VISITING ARMED FORCES

(1) Name(s) of Person(s) who is a member of a Visiting Armed Force, including dependants, who are not British Citizens or ordinarily residents in the United Kingdom.

(2) Name of Visiting Armed Force:

(3) Address of Headquarters:

SECTION G: REGISTERED HOUSING ASSOCIATION

(1) Is this property used by a Registered Housing Association as a trial flat for the elderly or disabled? YES / NO

(2) Provide Name of Housing Association:

(3) Provide Address of Housing Association:

SECTION H: DECLARATION

I declare that the information given on this application is accurate, and undertake to advise you of any change in circumstances.

Signature: **Date:**

DATA PROTECTION

Any information you have provided will be used for the billing and collection of local taxes and the recovery of any unpaid debts due to the Council. Disclosures to third parties will only be made to agents employed by Perth & Kinross Council to recover unpaid debts and to those organisations with a legal right of access, e.g. Inland Revenue. This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided for the prevention and detection of fraud therefore it may also share this information with other bodies for these purposes.

In terms of the Data Protection Act 1998, you are entitled to know what information this Council holds about you, on payment of a fee of £10. Application should be made to the Executive Director (Housing & Community Care), 35 Kinnoull Street, Perth.