

COUNCIL TAX EXEMPTION APPLICATION
PROPERTY LEFT EMPTY BY A PERSON RECEIVING CARE (CLASS I)

Name	<input type="text"/>	Account no.	<input type="text"/>
Address	<input type="text"/>		

(this is shown on your Council Tax bill)

IMPORTANT INFORMATION – PLEASE READ THE NOTES BELOW BEFORE FILLING IN THIS FORM:

A property which has been left empty because the person(s) previously living there now lives somewhere else to receive care will be exempt from the payment of Council Tax.

The place where the person is now living to receive care must **not** be a hospital, residential care home, nursing home, mental nursing home or hostel.

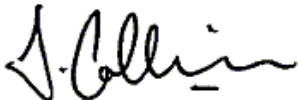
To qualify for this exemption the person(s) must be the owner or the tenant of the property and has left the property to receive personal care for any of the following reasons:

- 1) Old age, or
- 2) Disablement, or
- 3) Illness, or
- 4) Past or present alcohol dependence, or
- 5) Past or present drug dependence, or
- 6) Past or present mental disorder

Please note that there is no requirement that the person(s) receiving care must live in the same property as their carer. It is possible for them to live nearby their carer.

If you wish to apply for this exemption please complete the details on the back of this form.

Yours sincerely



Strategic Director and Borough Treasurer
Resources and Digital

WHERE SHOULD I SEND MY COMPLETED FORM?

Return by post to: Gateshead Council, Council Tax Section, Civic Centre, Regent Street, Gateshead NE8 1HH

Return in person to: Council Tax Reception Desk at the Civic Centre

Alternatively scan and email your completed application to counciltax@gateshead.gov.uk

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I can confirm that the information I am about to provide is correct. I understand that any exemption will only be awarded on the basis of my current circumstances. I will inform Gateshead Council of any change within 21 days of the change happening. I understand that if I fail to report such a change a fixed penalty may be imposed on me and I will have to repay any overpaid exemption.

Full Name of Council Taxpayer: _____ Council Tax Account Number: _____

Address of Property This Exemption Claim Relates: _____

IF YOU ARE NOT THE COUNCIL TAXPAYER FOR THE ADDRESS THE EXEMPTION IS BEING APPLIED FOR PLEASE COMPLETE THE FOLLOWING:

Your Name and Address: _____

Relationship to the Person(s) receiving care: _____

Should Future Council Tax correspondence be sent to you? Y/N _____

In accordance with Data Protection Law, Gateshead Council may use any information you give us to prevent or detect fraud or other crimes. Gateshead Council may also share information with other Council Services or public organisations if required by Law to do so.

Signed: _____ Date: _____

Daytime Telephone Number: _____ E-mail: _____

1. NUMBER OF RESIDENTS – Please tell us the names of all people who used to live in the property and the date they moved out.

Full Name	Date Moved Out	Owner Or Tenant?

2. ADDRESS WHERE RECEIVING CARE – Please tell us the address now living at to receive care.

Address	Date Moved In

3. TYPE OF CARE – From the list on the front of this form please tell us the type and level of personal care being received (please continue on a separate sheet if necessary).

Type of Care Provided	Details of Care Provided