

**COUNCIL TAX EXEMPTION APPLICATION
OCCUPIED ANNEXE TO AN OCCUPIED DWELLING (CLASS W)**

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 dwelling which has its own Council Tax Band but forms part of a single property may be exempt from the payment of Council Tax if it is occupied by a "dependent relative." These types of dwelling are commonly known as a "Granny Annexe."

To qualify for this exemption the dwelling / annexe must:

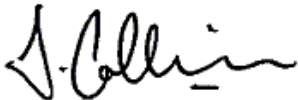
- 1) Form a single property with another dwelling, and
- 2) Be occupied by a "dependent relative" of a person who lives in the other property.

A "dependent relative" is:

- 1) A person aged 65 years or more, or
- 2) A person who qualifies as severely mentally impaired for the purposes of Council Tax, or
- 3) A person who is substantially and permanently disabled

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) Living in Annexe: _____

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. NAME OF DEPENDENT RELATIVE(S) – Please tell us the name(s) of the “Dependent Relative(s)” living in the annexe.

Name of “Dependent Relative(s)”	Date of Birth	Date Moved Into Annexe

2. NAME AND RELATIONSHIP OF THE PERSON LIVING IN THE MAIN HOME – Please tell us the name(s) of the person(s) living in the main home and how related to the person(s) living in the annexe.

Name(s) of Person(s) Living in Main Home	Relationship to Person(s) Living in Main Home

3. DETAILS OF DEPENDENCY – Please tell us the nature of the dependency.

Please Tick Category: Over 65 Mentally Impaired Disabled

<p>If Mentally Impaired or Disabled Please Provide Details as to Nature of Impairment or Disability:</p>	
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