



Guildhall
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DN21 2NA
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PERSON LIVING ELSEWHERE TO RECEIVE CARE

An unoccupied property is exempt indefinitely if it was the sole or main residence of an owner/tenant, who now has his/her sole or main residence elsewhere and where he/she is receiving personal care, which is not a hospital, or care home.

To be eligible for the exemption:

- The person must be living **PERMANENTLY** elsewhere to receive personal care due to:-
 - ◆ old age
 - ◆ disablement
 - ◆ illness
 - ◆ past or present alcohol or drug dependence
 - ◆ or past or present mental disorder
- the occupied dwelling must previously have been the sole or main residence of the absent person
- the absent person must have been absent for the whole period since last living in the property
- this exemption can be applied for by a representative of the taxpayer

IN ORDER FOR AN EXEMPTION TO BE CONSIDERED, PLEASE COMPLETE THE FORM OVERLEAF AND RETURN TO THE ABOVE ADDRESS

Making an application for an exemption is not grounds for non-payment of Council Tax. Payment must be made in accordance with the demand notice already issued until you have received confirmation that the application has been successful.

Data Protection – We are asking for this information in accordance with the provisions of the Council Tax (Administration & Enforcement) Regulations 1992 (Reg. 3) and the Data Protection Act 1998, S.29. It will be used to help us determine your liability for and collect your Council Tax. It may be shared with other sections of this Council, with other Councils and with other public bodies to determine eligibility for Housing Benefit, liability for Council Tax, to collect Council Tax, to assess and collect other Taxes and Duties, to help detect and prevent fraud, to help detect and prevent crime and to carry out public duties.

PLEASE COMPLETE THIS FORM IN BLACK INK

Full address of property leaving:

Full name of person in receipt of care:

Total Number of Adults aged 18 years or over who remain in the property

Is the property furnished? **YES / NO** if **NO** date last item removed?

Is the property rented? **YES / NO** Date tenancy ended? (if appropriate)

State Name, address and telephone no of the owner/owners of the property:

Name and address of where care is being received:

Please state why personal care is required:

Old age	Yes/No	Disablement	Yes/No
Illness	Yes/No	Alcohol/drug dependence	Yes/No
Mental Disorder	Yes/No		

Date **permanently** vacated home address:

Your date of birth:

It is your responsibility to contact the local authority to advise that you have moved to another area, to ensure the correct amount of council tax is paid.

DECLARATION AND SIGNATURE

WARNING: Deliberately giving false information could lead to prosecution

I declare that the information I have given on this form is complete and accurate to the best of my knowledge and I understand that West Lindsey District Council may check the information given.

Any changes in circumstances must be reported to the council tax team within 21 days.

Signature

Date

Full name in capitals

Contact telephone No.