

Your Ref:

Our Ref:

Please ask for: Council Tax

Direct Line / Extension: 01432 260360

Fax: 01432 260484

E-mail: counciltax@herefordshire.gov.uk

**Application for Exemption from Council Tax
(Self-Contained Accommodation)****COUNCIL TAX ACCOUNT NUMBER:** _____**Before filling in this form please read the notes below.**If you wish to claim an exemption, please complete this form in **CAPITAL LETTERS** and return it to: **Council Tax Department, Herefordshire Council, PO Box, 224, Hereford, HR1 2XW.****A. Address** of the self-contained accommodation: _____
_____**B. Name** of the person living at the above address: _____**Date** that they occupied: _____**C. Name** of the person(s) living in the main building: _____**Date** that they occupied: _____**D. Relationship** of **B** to **C**: _____**E. Grounds for the Application** (Please delete one option per question)

Is the dependent relative:

(a) Aged 65 years or more? YES / NO

Please provide documentary evidence (copy birth certificate, pension entitlement etc)

(b) Severely Mentally Impaired? YES / NO (Please refer to Section H)**(c) Substantially and permanently disabled? YES / NO** (Please refer to Section H)**F. Date** on which the above grounds became effective: _____**G. DECLARATION BY THE APPLICANT**

I declare that the information given in this form is correct to the best of my knowledge and I authorise Herefordshire Council to verify any information declared should they wish to do so. I understand that I must advise the Council at once if any of the circumstances change.

Signed: _____ Dated: _____

H. THIS SECTION IS TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER where E(b) or (c) on page 1 applies.

Doctor's full name: _____

Surgery/Hospital Address: _____

Telephone number: _____

Please complete either section 1 or 2 and sign below.

Section 1

In the case of E(b) Severely Mentally Impaired:

Please tick the appropriate box:

- Yes, I certify that, in my opinion, the person named in section E(b) overleaf is suffering from severe mental impairment for the purposes of the Local Government Finance Act 1992* with effect from _____ (Please insert date).
- No, I certify that, in my opinion, the person named in section E(b) overleaf is NOT suffering from severe mental impairment for the purposes of the Local Government Finance Act 1992*.

**A person is severely mentally impaired for the purposes of the Act if he or she has a severe impairment of intelligence and social functioning (however caused), which appears to be permanent.*

Section 2

In the case of (c) Substantially and permanently disabled:

Please tick the appropriate box:

- Yes, I certify that, in my opinion, the person named in section E(b) overleaf is a qualifying individual for the purposes of the Local Government Finance Act 1992*.
- No, I certify that, in my opinion, the person named in section E(b) overleaf is NOT a qualifying individual for the purposes of the Local Government Finance Act 1992*.

**In order to qualify, a person is substantially and permanently disabled by illness, injury, congenital deformity or otherwise.*

Doctor's signature: _____ Date: _____

NOTES

1. A self-contained unit is defined as a building, or part of a building, which has been constructed or adapted for use as a separate living accommodation and may include the type of property usually called a “granny annexe”. Those properties eligible for the exemption must appear as a separate entry in the valuation list.
2. Eligibility for the exemption is not restricted to a particular part of the property. If, for example, the dependent relative occupies the main dwelling, that will be the part of the property that will attract the exemption.
3. In assessing the application, the authority will need to be satisfied that the resident of the self-contained unit is a dependent relative.
4. In order to qualify, **dependent** means:
 - Aged 65 years or more, or
 - Severely mentally impaired, or
 - Substantially and permanently disabled, whether by illness, injury, congenital deformity or otherwise, must reside in the dwelling and must be a relative, as defined below.
5. A **relative** means:
 - Spouse, parent, grandparent, child, stepchild, grandchild, brother, sister, uncle, aunt, nephew, niece, great-grandparent, great-grandchild, great-uncle, great-aunt, great-nephew, great-niece, great-great grandparent, great-great grandchild, great-great-uncle, great great-aunt, great-great-nephew or great-great niece.
6. Relationship can be by marriage or between a man and a woman living together as man and wife or by half-blood.
7. You do not have to complete this form unless you wish to claim a discount but if you provide false information you may be subject to a penalty of £50 and prosecution under the Theft Act 1978.
8. Any information provided will be treated in the strictest confidence but may be stored on computer and is therefore subject to the provisions of Data Protection legislation.