

Council Tax Disregard or exemption - Providing or Receiving Care Application



3 pages

Part 1

Full name of the liable person:

Address of the property:

Postcode:

Phone number:

Email:

How many adults over 18 years live
at this address:

Address of property to be exempt:

Post code:

Date the property became
unoccupied:

/ /

The address where you are
providing or receiving care.

Post code:

Date you moved in:

/ /

Name of the person being cared
for:

Their date of birth:

/ /

The reason care is required:

Part 2 About owned properties

Was / is the property owned by you?

No Go to Part 3 Yes Give details

Do you still own the property?

No Give details Yes Go to Part 4

Who did you sell it to?

Address of the property:

Postcode:

What date did you sell it?

/ /

Part 3 About rented properties

Who is / was your landlord?

What is / was your landlord's address?

Postcode:

Is / was the property rented furnished?

No Yes

Do you still have the tenancy?

No Yes

What date did your tenancy end?

/ /

Part 4 Declaration

I confirm that the information I have given on this form is correct and complete.

Signature of qualifying person or their representatives:

If you completed this form as the qualifying person's representative please give your name and address:

Postcode:

Relationship to the qualifying person:

Phone number:

Email:

Date:

You must tell us within 21 days if any of your circumstances change.

Please return this form to:

Wigan Council, Council Tax Offices, Moore Street East, Wigan. WN1 3DS