COUNCIL TAX LIABILITY / OCCUPATION FORM

Please read the enclosed notes and complete the form in BLOCK CAPITALS and return it to these offices (together with the Council Tax Discount form, if appropriate). The form should be returned within 21 days of the change occurring.
If you have any difficulty filling in the form or you have any questions about it, please contact the Customer Services Section.

1. COUNCIL TAX LIABILITY (PROPERTY OCCUPIED AS SOMEONE’S MAIN HOME)

<table>
<thead>
<tr>
<th>Title (Mr &amp; Mrs etc)</th>
<th>Surname</th>
<th>Forename(s)</th>
<th>Date of Birth</th>
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Please see enclosed notes and enter in the box below the name(s) of the resident(s) who have the highest legal title in the property.

2. DATE PROPERTY OCCUPIED

What date did you move into the property?
Please enter the date you purchased/leased/rented the property.

<table>
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<th>Day</th>
<th>Month</th>
<th>Year</th>
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3. TENURE

What is your tenure?  
Owner/Occupier  Privately Rented  Housing Association  NWLDC

4. COUNCIL TAX BENEFIT

Have you, or will you be making a claim for Council Tax Benefit?  (Please tick)

YES  NO
5. HAVE YOU LIVED IN OUR DISTRICT BEFORE
Address?

Last known date in area?

6. PREVIOUS ADDRESS
Please give your/your family’s previous address

Were you the Council Tax payer at this address?

YES  NO  

(Please tick appropriate box)

If the answer to the previous question was yes, is the property:

Sold  Privately Rented  Housing Association  NWLDC

Please provide name/s and details of the current owner/occupiers

7. COUNCIL TAX LIABILITY FOR OWNERS
Please see notes and, if appropriate, give details of the Owner or Leaseholder below and the state of the property:-

Furnished?  YES / NO  

Please delete as applicable.

Name  Address

Owner

Leaseholder

Date of Purchase  Forwarding Address of Previous Owner

8. REDuctions - Facilities for Disabled Persons – Please read the enclosed notes for information on how to apply for a Disabled Reduction.

9. Discounts - Please read the enclosed Application for Council Tax Discount form, which you should complete and return with this form if you think that a discount should apply. If you live alone or are the only adult living in the household, you are strongly advised to make such application without delay.

10. ABOUT THE PROPERTY – Please read the attached “occupation notes” if the property has a special circumstance, i.e. vicarage, hostel, care home etc.

11. DECLARATION
Please check your answers then read, sign and date this declaration:-

I declare that the information I have given on this form is complete and accurate to the best of my knowledge.

Please note all information given in the grey boxes will be held on both paper and computer records, for an indefinite period of time. You are not obligated to give this information it is completely voluntary, however, having this information will prevent delays should we need to contact you.

PRINT NAME

MOBILE TELEPHONE NUMBER

SIGNATURE

HOME/LANDLINE NUMBER

DATED

WORK NUMBER
PLEASE READ THESE NOTES BEFORE FILLING IN THE COUNCIL TAX OCCUPATION FORM

Notes

COUNCIL TAX LIABILITY (QUESTION 1)

In general, if the property is the main home of one or more adults, the person who is liable to pay the Council Tax is the resident who has the highest legal title in the property.

DECIDING WHOSE NAME TO PUT IN THE BOX

If one of the persons living in the property is the freeholder (i.e. the person who owns or is buying the property), enter that person’s name in the box. If there is more than one freeholder living in the property, enter the names of each resident freeholder.

If none of the residents is the freeholder but one of the persons living in the property holds a lease on the property, enter that person’s name in the box. If there is more than one leaseholder living in the property, enter the names of each resident leaseholder.

If none of the residents is the freeholder or leaseholder but one of the persons living in the property is the tenant who is renting the property (this includes Council House tenants as well as tenants of a private landlord), enter the name of the tenant in the box. In the case of joint tenancies, enter the names of the joint tenants in the box.

If none of the residents is the freeholder, leaseholder or tenant but one of the persons living in the property has a contractual licence or permission to occupy the property (whether paying rent or not), enter that person’s name. If more than one resident has such a licence/permission, enter the name of each such person in the box.

If no resident is a freeholder, leaseholder tenant or licensee, enter the name of every resident adult.

EXCEPTIONS TO THE GENERAL RULE

(a) UNOCCUPIED PROPERTY: If the property is not the main home of anyone aged 18 years or over or if it is a second home or holiday home, go to Question 7.

(b) SPECIAL CASES: If the property is one of the following types, special rules apply:

   (i) A Residential Care Home, Nursing Home etc.
   (ii) A dwelling occupied by a relevant Religious Community (e.g. monks, nuns)
   (iii) A dwelling comprising separate apartments/bedsits
   (iv) A manse or vicarage
   (v) Live-in accommodation for resident staff in Domestic Service
   (vi) A dwelling provided to an Asylum seeker

For these types of property it is the owner, rather than any occupier, who is liable to pay the Council Tax. If your property is one of the above types do not put any name in the box - further information must be supplied in the form of a letter/application.

PREVIOUS ADDRESS - (QUESTION 6)

Please enter your previous address. If you previously resided within the North West Leicestershire District, the Council Tax for your previous address will be automatically adjusted to take account of your move. If you previously lived outside the District, you should inform your previous local authority of your new address and the date of your move.
COUNCIL TAX LIABILITY - (QUESTION 7)

If the property is **EMPTY OR** it is furnished but is not the main home of any adult persons (e.g. a second home or holiday home) **OR** if the property is one of the special types mentioned in Question 10, please enter the full name and address of the Owner. This will be the Freeholder of the property unless a lease has been granted for a term of 6 months or more in which case the Leaseholder will be treated as the "owner" for the purposes of this question. If the owner is a company, please give its full legal title and the address of its Registered Office. If the property is a manse/vicarage occupied by a minister of the Church of England who is in receipt of a stipend, enter the name and address of the Diocesan Board of Finance in the box.

Please indicate on the right-hand side of the box if the person you have entered is the freeholder or leaseholder.

Please also indicate whether the property is furnished or unfurnished.

REDUCTIONS - FACILITIES FOR DISABLED PERSONS - (QUESTION 8)

If a member of the household is permanently disabled, a reduction in the Council Tax may be allowed if the property contains **one or more** of the following facilities:

- a room mainly used by and required for meeting the needs of the disabled person (e.g. a room used for therapy, treatment etc. or a downstairs room used as a bedroom).
- a second bathroom/shower room or second kitchen required for meeting the needs of the disabled person.
- a wheelchair used indoors by the disabled person.

If you wish to apply for this type of reduction, once you have returned this document and you receive your first bill contact the Revenue Services Section and request a form.

**NOTE:** The information asked for in the grey boxes on the occupation section of this form is voluntary, by signing the above-mentioned form you are giving us permission to use this information and store it on both computer and paper records. This information is used for different purposes, one of these reasons is to help us identify charge payers and therefore improve our response time and make our service more efficient.

Issued by the Revenues Section

**Our address:** Revenues Section, PO Box 10004, Hinckley, Leicestershire, LE10 9EF

**Tel:** (01530) 45 44 99

**E-Mail:** revenues@nwleicestershire.gov.uk
Application for Council Tax Discount – SOLE OCCUPIER

A person living alone is normally entitled to a 25% Discount on their Council Tax bill.

Property Address

Full name (please print)

How many adults (18 years of age and over) have their main home in the above property? (Count ALL adults, including yourself)

Overleaf is a list of categories of persons who are to be “disregarded” when assessing Discount entitlement. Enter below the names of each adult resident in your home who falls within one (or more) of these categories, together with the relevant category letter applicable to him/her. (If a person falls within two or more categories, please state all application categories).

Full name of person to be “disregarded” (See notes overleaf) | Category Letter
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IF THE TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD MINUS THE NUMBER OF THOSE ADULTS TO BE DISREGARDED (i.e. A – B) IS ONE OR NIL, A DISCOUNT MAY BE GRANTED, SO RETURN THIS FORM WITHOUT DELAY. (If the result of the calculation is 2 or more, no discount will apply).

DECLARATION

I declare that the information given in this application is accurate to the best of my knowledge.

Signature _______________________________ Date ___________________
LIST OF PERSONS TO BE “DISREGARDED” FOR DISCOUNT PURPOSE

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Persons who have a relevant association with the visiting force of another country.</td>
</tr>
<tr>
<td>B</td>
<td>18 years old or over but in respect of whom Child Benefit is still payable.</td>
</tr>
<tr>
<td>C</td>
<td>Full time students at college, university etc, attending for at least 21 hours/week, including recent college/university leavers under 20 years of age.</td>
</tr>
<tr>
<td>D</td>
<td>Persons who are severely mentally impaired.</td>
</tr>
<tr>
<td>E</td>
<td>Persons who have their main home in a N H S hospital (or Armed Forces hospital).</td>
</tr>
<tr>
<td>F</td>
<td>Persons who have their main home in a Residential Care home, Nursing Home, Care Hostel, Bail Hostel or Homeless Persons Hostel.</td>
</tr>
<tr>
<td>G</td>
<td>Persons detained in prison etc.</td>
</tr>
<tr>
<td>H</td>
<td>Members of a religious community who have no income or capital of their own (e.g. monks, nuns)</td>
</tr>
<tr>
<td>J</td>
<td>Persons providing care to another resident of the household apart from his/her spouse, common-law spouse or non-adult child OR providing care and/or support on behalf of a charity, local authority or the Crown for not more than £30/week remuneration.</td>
</tr>
<tr>
<td>K</td>
<td>Members (or non UK dependants of a member) of International Headquarters and Defense Organisations.</td>
</tr>
<tr>
<td>L</td>
<td>18 or 19 year olds attending school or college for at least 12 hours/week (including recent school/college leavers) providing the course is NOT Higher Education and not being undertaken in conjunction with their employment.</td>
</tr>
<tr>
<td>M</td>
<td>Apprentices.</td>
</tr>
<tr>
<td>N</td>
<td>Student Nurses (except those studying at institutions of Higher Education and those project 2000 courses who should claim as full time students under category C above).</td>
</tr>
<tr>
<td>O</td>
<td>Persons under 25 years of age who are engaged on a Youth Training Scheme.</td>
</tr>
<tr>
<td>P</td>
<td>Foreign Language Assistants.</td>
</tr>
<tr>
<td>Q</td>
<td>Non-British spouses or dependants of a student who are prevented by the terms of Their entry visa from taking paid employment or receiving benefits.</td>
</tr>
<tr>
<td>R</td>
<td>Persons who have diplomatic Immunity and are not British subjects or permanent residents of the UK (if the Council Tax payer, exemption may apply).</td>
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</tbody>
</table>
Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form and send it to:
North West Leicestershire District Council, Council Offices, Coalville, Leics. LE67 3FJ

Name of Account Holder(s)

| 9 | 7 | 1 | 9 | 1 | 2 |

Choice of Payment Date

This is not part of the instruction to your bank or building society

The amounts may be variable and may be debited monthly on either 1st, 8th, 14th or 21st. Please indicate your preferred payment date by ticking the relevant box

1st 8th 14th 21st

INSTRUCTION TO YOUR BANK/BUILDING SOCIETY

Please pay North West Leicestershire District Council Direct Debits from the account detailed in the instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with North West Leicestershire District Council and, if so, details will be passed electronically to my Bank/Building Society.

To The Manager
Bank / Building Society
Address
Post Code

Council Tax Account Reference Number

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account

Name and address of payer

Detach and keep the Direct Debit guarantee below. Return the above instruction to the Council. DO NOT send the instruction to your bank/building society

The Direct Debit Guarantee

1) This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society.
2) If the amounts to be paid or the payment dates change North West Leicestershire District Council will notify you 10 working days in advance of your account being debited or as otherwise agreed.
3) If an error is made by North West Leicestershire District Council or your Bank or Building Society, you are guaranteed an immediate refund from your branch of the amount paid.
4) You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.