

Date of Issue

Property Reference

Account Reference

Regarding Address

**COUNCIL TAX - EMPTY PROPERTY OWNED BY A CHARITY**

In order to correctly calculate your Council Tax charge, we need to decide if the the Class B Exemption is applicable. This is where a property is owned by a charity and has been used for the purposes of the charity up to the date it becomes vacant. The answers provided to the following questions will assist us to ascertain the appropriate charge or discount.

**How we will use your information** Your information will be used so that we can administer your account and collect Council Tax from you in accordance with the Local Government Finance Act 1992. Under Article 6(1) (e) of the General Data Protection Regulations, we are permitted to use data for our tasks; data protection law describes this legal basis for handling your information. It will be used by North West Leicestershire District Council and our partners to deliver and improve services and fulfil our statutory duties. We will not disclose any personal information to any other third parties unless required or allowed to do so by law. Read more about how we use personal data on our privacy notice page [https://www.nwleics.gov.uk/pages/data\\_protection\\_notice](https://www.nwleics.gov.uk/pages/data_protection_notice) or write to the council at North West Leicestershire District Council, Council Offices, Coalville, Leicestershire LE67 3FJ Telephone: 01530 454545.

**For the property for which you are claiming a Class B Exemption**

(1) Name of Organisation.

(2) Registered Address.

(3) Are you registered as a charity with the Charity Commission?..... YES  NO

(a) If YES, please provide your charity number. ....   
and go to question (4)

(b) If NO, are you registered as an Industrial & Provident Society?..... YES  NO

(c) If YES to question (b), please provide your registration number. ....

(4) Are you treated as a charity by HMRC?..... YES  NO

(a) If YES, please provide documentary evidence.

(5) Are you trading as a subsidiary of a parent company? ..... YES  NO

(a) If YES, please provide the company name and number.

(6) Please provide a copy of your allocations policy.  
If this available to view online please provide the web link. ....

**For the property for which you are claiming a Class B Exemption (continued)**

(7) Please select from the options below which best suits the nature of your charity. (please tick)

- (a) the prevention or relief of poverty. ....
- (b) the advancement of education. ....
- (c) the advancement of religion. ....
- (d) the advancement of health or the saving of lives. ....
- (e) the advancement of citizenship or community development. ....
- (f) the advancement of the arts, culture, heritage or science. ....
- (g) the advancement of amateur sport. ....
- (h) the advancement of human rights, conflict resolution or reconciliation or the promotion of religious or racial harmony or equality and diversity. ....
- (i) the advancement of environmental protection or improvement. ....
- (j) the relief of those in need, by reason of youth, age, ill-health, disability, financial hardship or other disadvantages. ...
- (k) the advancement of animal welfare. ....
- (l) the promotion of the efficiency of the armed forces of the Crown or of the police, fire and rescue services or ambulance services. ....
- (m) other purposes reconised as charitable under the existing law and any new purposes which are similar to another prescribed purpose. ....

(8) Please provide any additional information or evidence to support your claim (continue on a separate sheet if necessary)

**Declaration**

I declare that the information I have given is true and accurate to the best of my knowledge. I understand that if it appears that a Council Tax discount is being claimed incorrectly, further enquiries will be made to establish whether the discount should be cancelled.

I undertake to notify the Council of any change in my circumstances which may affect my eligibility to claim a discount within 21 days and that failure to do so will mean that a penalty charge may be applied.

Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Tel. No.	<input type="text"/>
Capacity in which signed	<input type="text"/>	Email address	<input type="text"/>

Thank you for taking the time to complete this form. Please return it to The Leicestershire Revenues and Benefits Partnership, PO Box 10004, Hinckley, LE10 9EJ.

If you have answered Yes to question (4) or if your allocations policy is not available to view online please don't forget to provide the documentary evidence requested.

This information will be used to establish your level of liability for Council Tax. As soon as a decision has been made we will write to you, and notify you accordingly.