

COUNCIL TAX

PROVIDES OR RECEIVES PERSONAL CARE EXEMPTION CLAIM FORM

Inverclyde
Council

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|------------|-------|
| Issued by: | Date: |
|------------|-------|

In terms of schedule 11 of the Local Government Finance Act 1992, and the Council Tax (Exempt Dwellings) Scotland Order 1992 (as amended), a dwelling house may be exempt from Council Tax (including the water charge). This application form is for the category of a property that has become unoccupied because the resident is providing or receiving personal care elsewhere and carries an unlimited period of exemption while the qualifying conditions are met.

Details of the person making the claim

- Title..... Forename(s).....
- Surname.....
- Your Current Address.....
-Postcode.....
- Daytime Telephone Number.....
- E-mail Address.....
- Council Tax Reference Number (*if known*).....

Details of Unoccupied House

- Address of Empty Property
- Council Tax Reference Number
- Date you want the exemption to start from.....
- Date you want the exemption to end

Details of person who is providing/receiving care

- Name of person providing care.....
- Name of person receiving care.....
- Relationship to person providing care.....
- Address at which care is being provided
- Please indicate the reason(s) why you are providing or receiving personal care by circling one or more of the following:

I am providing/receiving personal care due to:

- (a) Old Age
- (b) Disablement
- (c) Illness
- (d) Past or present alcohol dependence
- (e) Past or present drug dependence
- (f) Past or present mental disorder

Please enclose a letter from a Doctor confirming that care is required due to the condition(s) indicated above.

**This section to be completed if you are receiving care from a
HOSPITAL or RESIDENTIAL HOME**

TO BE COMPLETED BY HOSPITAL/HOME

- Name & Address of Hospital/Home.....
.....
.....
.....
- Name of person receiving care.....
- I confirm that the above named person was resident in this establishment during the following period:
Admission date:..... Expected discharge date if known:.....
- They receive the following care/treatment.....
.....
.....

Signed:.....
Position:.....
Date:.....

| |
|---------------------|
| Hospital/Home Stamp |
|---------------------|

Declaration

The information I have given is true and accurate and I undertake to inform you immediately if my circumstances change. I understand that if I give false information I may be liable for a fine of up to £200. I understand that a representative of Inverclyde Council may inspect the property at any time during the period of the claim.

Signed..... Date.....

FOR OFFICE USE ONLY

| | |
|---------------------------------------|-------------|
| RELIEF AWARDED: YES/NO | |
| PERIOD OF RELIEF AWARDED: FROM | TO |
| REASON RELIEF REFUSED: | |
| ACTIONED BY: | DATE |
| AUTHORISED/CHECKED BY: | DATE |

All communications to be addressed to Revenues Services, Inverclyde Council, P O Box 9467, Greenock. PA15 1JD
 Telephone Numbers: 01475-712961 (Non Greenock) 01475-712273 (Greenock)
 Fax Number: 01475-712168 E-Mail: council.tax@inverclyde.gov.uk Website: www.inverclyde.gov.uk