

Explanatory Notes

Class I - Person living elsewhere to receive care

Who can apply?

This exemption can be applied for by the person liable to pay council tax or a representative of the taxpayer.

When will a discount be awarded?

Unoccupied properties where the usual occupant has gone to live with someone else in order to receive care or has entered some other institution not regarded as a care home or hospital are exempt from Council Tax. The unoccupied dwelling must previously have been the sole or main residence of the absent person, who must have been absent for the whole of the period since last living in the property. The property may still be furnished to receive this exemption.

Exemption conditions

To be eligible for the exemption:

- the person must be living elsewhere to receive personal care due to:
 - old age
 - disablement
 - illness
 - past or present alcohol or drug dependence
 - or past or present mental disorder
- the unoccupied dwelling must previously have been the sole or main residence of the absent person
- the absent person must have been absent for the whole of the period since last living in the property

In order to apply for this exemption download the attached form, complete & return.

Evidence Required

In order for this exemption to be assessed, evidence will be required such as a Doctors letter, to show the reason why the person needs to be residing elsewhere to receive care. The letter should show the patients name and address and the name and address of the person providing that care.

What happens next?

Once we receive your application with the supporting evidence we will assess it and if you are successful we will issue a reduced Council Tax bill.

Appeals

If the Royal Borough of Greenwich decides not to award a discount you can appeal in the first instance to the Council Tax office within 28 days of notice of the decision stating your reasons. However you may not appeal against the amount of the discount.

PLEASE NOTE:

Making an application for a discount is not grounds for non-payment of Council Tax. Payment must be made in accordance with the bill already issued until you have received confirmation that the request has been granted.

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Please read the supplementary notes before completing this form as you may need to provide supporting evidence/information that is not readily available.

Please note:-

Making an application for a discount or exemption is not grounds for non payment of Council Tax. Payment must be made in accordance with the bill already issued until you have received confirmation that the request has been granted,

Full name of person in receipt of care:	
Council tax reference number:	
Their home address:	
Name and address of where care is being received:	
Please state why personal care is required:	
Old Age.....Yes	No
If yes please provide date of birth	
Disablement.....Yes	No
Illness.....Yes	No
Alcohol/drug dependence...Yes	No
Mental Disorder..... Yes	No
Date vacated their home address:	
Is anyone living at their home address? Yes	No

If yes how many adults, aged 18 or over live there? Please provide their name/s and date of occupation:	
If no, is the property up for sale	Yes No
Signed:	
dated:	
Print name:	
Contact telephone number:	
Email address:	

Please return this application form, with any supporting documents that may have been requested to;

Royal Borough of Greenwich
Revenues & Benefits Service
Director of Finance
The Woolwich Centre
35 Wellington Street
London SE18 6HQ

Declaration

Please read carefully before you sign.

I/we understand the information contained on this form is correct and complete and I/we agree to notify the Council Tax section immediately should there be a change in circumstances that may affect the discount.

I/we understand that anyone who provides false information or fails to notify a change of circumstances for the purpose of obtaining / retaining a Council Tax reduction discount is committing an offence and may be liable to prosecution.

The Royal Borough of Greenwich has a duty to protect the public funds it administers and may use the information you have provided on this form within this authority for the prevention and detection of fraud. We may also share this information with other bodies administering public funds which may include other councils and government departments.

I/We have read, understood and agree to comply with the declaration above.

Your signature

Date

Daytime telephone number

Email address