

Chief Executive's Office
Revenues & Benefits Manager: Nicola Gemmell



Revenues & Benefits Service
P.O. Box 31, Ayr KA7 2PL
Tel: 0300 123 0900
Email: council.tax@south-ayrshire.gov.uk
Our Ref :
Date:
If phoning or calling ask for Council Tax

Name _____

Address _____

Dear Sir / Madam

Council Tax Exemption Application
Subject Address :

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, water and sewerage charges, **for an unlimited period** if it falls within the category shown below.

CLASS 12 - AN UNOCCUPIED HOUSE :

Which when last occupied, was occupied by a person who either provides or receives personal care by reason of:

- (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

If you want to apply for a exemption, please provide the information requested overleaf, sign the declaration and return the form to the above address.

Yours faithfully

Council Tax

Council Tax
Revenues & Benefits Service

EXEMPTION : RECEIVES PERSONAL CARE -

SECTION 1 : TO BE COMPLETED BY A LIABLE PERSON

I apply for property exemption on the basis that

Name: _____

Property Address: _____

Date of Birth: _____

meets the qualifying conditions noted.

I consider Exemption should apply from _____ To _____

The number of adults (including the above named) usually resident in the house is : _____

Alternative contact details (Where appropriate) _____

THE FOLLOWING ITEM(S) OF DOCUMENTARY EVIDENCE ARE REQUIRED TO SUPPORT YOUR APPLICATION AND SHOULD BE RETURNED, TOGETHER WITH THIS APPLICATION, WITHIN 28 DAYS. PLEASE NOTE, EXEMPTION WILL NOT BE GRANTED UNLESS SUPPORTED BY DOCUMENTARY EVIDENCE.

- (1) If resident in a Hospital/Nursing Home or Residential Care Home for a period of 12 weeks or more, please complete attached certificate; or
- (2) If resident with a relative who is providing care for a period of more than 12 weeks, confirmation from your G.P. stating that you require to be resident elsewhere to receive care in relation to one of the categories a – f; or
- (3) If you reside elsewhere to provide care for a period of more than 12 weeks, you must be registered at the address for Council Tax and provide confirmation of this from the Local Authority if outwith South Ayrshire; and also provide a letter from the G.P. of the person you are caring for, confirming that you require to reside there to provide care in relation to a –f.

I declare that the information on this form is true and complete and I authorise South Ayrshire Council to verify the details. If exempt status no longer applies I undertake to notify South Ayrshire Council within 21 days of this occurring.

I UNDERSTAND THAT FAILURE TO PROVIDE THIS INFORMATION IS AN OFFENCE WHICH MAY MAKE ME LIABLE FOR AN INITIAL FINE OF £50 AND £200 FOR EACH SUBSEQUENT OFFENCE.

SIGNATURE: _____ DATE: _____

SECTION 2 : TO BE COMPLETED BY A HOSPITAL / HOME

Name: _____

Property Address: _____

Date of Birth: _____

I confirm that the above named person was admitted to this establishment on _____

Expected discharge date if known _____

Is it likely that they will return to their home. **YES / NO * (Delete as appropriate)**

They receive the following care / treatment :

SIGNED : _____

ESTABLISHMENT STAMP :

POSITION : _____

DATE : _____