**South Ayrshire Council**



**How your personal information will be used**

It is our responsibility to keep your information safe. We will only collect the minimum amount of personal information we need to process your application and we may verify the information you provide with information we currently hold on file. We may get information from third parties or give information to them to check the accuracy of information, and we may share the information you have provided with relevant bodies to manage public funds, or prevent and detect fraud, as permitted by law. To find out what to expect when the Council collects your personal information, please visit our website - <https://www.south-ayrshire.gov.uk/privacy-policy>

**Disabled Persons Rates Relief**

**Supplementary Information Form**

Where the application for relief relates to a nursing home or other facility providing residential accommodation, it is the Council’s policy to request staffing and resident details to supplement the claim.

This form needs to be completed and returned as soon as possible by e-mail to: [business.rates@south-ayrshire.gov.uk](mailto:business.rates@south-ayrshire.gov.uk). (a scanned copy is acceptable) or by post to: South Ayrshire Council, Non-Domestic Rates, PO Box 31, Wellington Square, Ayr, KA7 2PL

**THE DECLARATION MUST BE SIGNED AND DATED**.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Name and address of Organisation Claiming Relief** | | |  | | | | |
| 1. **Name of Home on which relief is being claimed (if applicable)** | | |  | | | | |
| 1. **Property Description on which relief is being claimed** | | |  | | | | |
| 1. **Address of property for which relief is being claimed** | | |  | | | | |
| 1. **Rates Billing Reference No**   If Billing Account reference is not known, provide Assessor Property Reference (can be checked on <https://www.saa.gov.uk/>): | | |  | | | | |
| 1. **Capacity of Home** | | |  | | | | |
| 1. **Staffing Details** | | | | | | | |
| **Number in establishment** | | | | | |  | |
| **Number in post** | | | | | |  | |
| **Number holding approved nursing qualification or residential care qualification** | | | | | |  | |
| **Please provide details of the post designations** | | | | | | | |
| **Staff Role / Designation** | | | | | | **Number** | |
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| **Resident Details** | | | | | | | |
| **Number of residents** | | | | | |  | |
| **Initials of Residents** | **Age** | **Date of Admission** | | | **Nature of Illess or Disability** | | |
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| **Declaration**  **Please read this declaration carefully before you sign and date it.**   * **I am, or am duly authorised by, the Ratepayer to make the application.** * **I declare that the information given on this form is correct and complete to the best of my knowledge.** * **I authorise the Council to make any necessary enquiries to check the information.** * **I authorise the Council to cross check the information with other Councils in Scotland.** * **I undertake to advise the Council of any change of circumstances, including the occupation / vacation of any other property I may occupy in Scotland which may affect liability for Non-Domestic Rates Relief.** * **I understand that if I give information that is incorrect or incomplete or fail to report changes in circumstances, I (or the Ratepayer I represent) may be prosecuted.** * **I understand that the Council will reclaim any incorrectly awarded Non-Domestic Rates Relief.** * **I have read and understand the statement above about the use of personal information, the Revenues privacy notice is available at https://www.south-ayrshire.gov.uk/privacy-policy** * **I claim the above relief from Non-Domestic Rates liability.** | | | | | | |
| **Applicant Name** | | | |  | | |
| **Capacity (e.g. Owner; Tenant; Agent; Employee)** | | | |  | | |
| **Telephone Number** | | | |  | | |
| **E-mail Address** | | | |  | | |
| **Contact Address** | | | |  | | |
| **Your Signature** | | | |  | | |
| **Date** | | | |  | | |