

COUNCIL TAX EXEMPTION – CLASS W (annexes occupied by dependent relatives)

Please complete with name and address

Property Address (if different to mail address)

Property Ref:

PART A

Please provide the **address of your relative(s) who look after you:**

Your full name:

With regard to the definition of '**dependent**' (see letter) please tick which box applies to you:

- I am over 65 years old, please supply evidence of your date of birth, (i.e. a photocopy of your birth certificate)
- If you currently receive Council Tax Benefit and would allow us to use the information already supplied by you regarding your age, please tick this box and sign your name below:

Signed:

- The dependent person is severely mentally impaired, please ask your Doctor to sign the **Certificate** overleaf
- The dependent person is substantially and permanently disabled, please ask your Doctor to sign the **Certificate** overleaf

(Your address should form part of this property, i.e. be an annexe to it)

Listed on the letter to this form are the definitions of '**dependent**' and '**relative**', please state what your **relationship is to the occupier** of the other part of the property.

My relationship is:

DECLARATION

I declare that the information given above is correct to the best of my knowledge and belief.

Signature:		Date:	
Full Name (please print):		Mobile:	
Telephone Number:		Email:	

PART B

Please provide your Doctor's name and address:	
In respect of: <i>(Please insert your name and address)</i>	

Please now ask your Doctor to complete the following Certificate:

CERTIFICATE**TO THE DOCTOR:**

Council Tax – Exemption for annexes occupied by dependent relatives.

An application has been made to Northumberland County Council for an exemption from Council Tax, please tick the appropriate box in relation to the applicant named above.

I confirm the person named above is **severely mentally impaired** (he/she has a severe impairment or intelligence and social functioning (however caused) which appears to be permanent) **OR**

I confirm the person named above is **substantially and permanently disabled** (whether by illness, injury, congenital deformity or otherwise)

Print Name:			
Occupation:			
Signature:		Date:	

Please return Parts A and B of this form to the Revenues Section at the address shown at the head of this form.