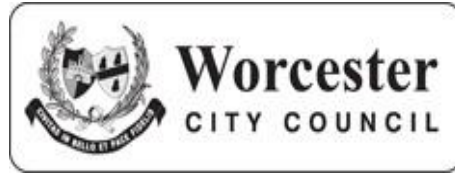




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APPLICATION FOR COUNCIL TAX CLASS W EXEMPTION

Please read the guidance notes on page 3 and if you believe you are eligible for a property exemption complete this application form in full using black ink and return it to the address on page 3.

Failure to provide any of the information requested may result in unnecessary delays.

Account or property reference (if known):		
Full address of property for which exemption is being claimed:		
Date from which you wish to claim the exemption:	/	/
Full name of dependant relatives:	Date of birth:	
	/	/
	/	/
Name of any other adults who live in the above property with the dependent relatives:		
Full names and address of relatives resident in the other dwelling:		
Relationship between dependent relatives and relatives resident in the other dwelling (according to definition of 'dependent' and 'relative' in the guidance notes):		
WITH REGARD TO THE DEFINITION OF 'DEPENDANT', I DECLARE THAT:		
A The dependent relative is over 65 years of age	YES <input type="checkbox"/> NO <input type="checkbox"/>	*If YES, provide proof of date of birth.
B OR The dependant relative is severely mentally impaired	YES <input type="checkbox"/> NO <input type="checkbox"/>	
C OR The dependant relative is substantially and permanently disabled	YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YOU ANSWERED A, PLEASE SKIP THE REMAINING QUESTIONS AND SIGN OVERLEAF AT THE BOTTOM. IF YOU ANSWERED B OR C, PLEASE ASK YOUR DOCTOR TO COMPLETE THE FOLLOWING SECTION, BEFORE COMPLETING THE FINAL SECTION YOURSELF.		

Please continue overleaf.../

TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER:

PLEASE NOTE: Paragraph 58, Column 1, Schedule 4 of the NHS, GMS, Regulations 2004, states that the following certificates must be provided free of charge: 'To support a claim by or on behalf of a severely mentally impaired person for exemption from liability to pay Council Tax or eligibility for a discount in respect of the council tax payable'.

Doctor's full name and surgery / hospital address:	
B	I certify that in my opinion the dependant named on page 1 of this form IS <input type="checkbox"/> IS NOT <input type="checkbox"/> suffering from a <u>severe mental impairment</u> of intelligence and social functioning (however caused) which appears to be permanent, since / /
C	I certify that in my opinion the dependant named on page 1 of this form IS <input type="checkbox"/> IS NOT <input type="checkbox"/> <u>substantially and permanently disabled</u> , whether by illness, injury, congenital deformity or otherwise, since / /
Doctor's status:	
Doctor's full name:	Signed:
	Date: / /

FOR THE ATTENTION OF THE APPLICANT:

Daytime telephone number:
Email address:
Do you wish to receive your bills by email? YES [] NO []
*Not compulsory but may help if we have any queries.

DECLARATION: I declare to the best of my knowledge and belief that all the information I have given on this application is true and complete in all respects. I authorise the Council to make any enquiries they wish to verify the information. Personal data is collected and processed in accordance with data protection law. The South Worcestershire Revenues and Benefits Partnership is managed by Civica who process data on behalf of the Data Controllers namely; Wychavon District Council, Worcester City Council and Malvern Hills District Council. For further information please visit the Council's website for the area you live in and search for Privacy Notices.

YOU MUST NOTIFY THE COUNCIL AS SOON AS THESE CIRCUMSTANCES CHANGE. YOU ACKNOWLEDGE THAT FAILURE TO DO SO COULD RESULT IN A PENALTY BEING IMPOSED

Full Name:	Signed:
	Date: / /

Please refer to next sheet for guidance notes.../

Guidance Notes

Class W exemption – Annexes occupied by dependent relatives.

In order to qualify for exemption a property must be:

- a) A dwelling which forms part of another property; and
- b) The sole or main residence of a dependent relative of a person who is resident in that other dwelling.

For the purposes of this exemption 'Dependent' and 'Relative' are clearly defined and a person must fulfil both criteria before we grant the exemption.

Since 1 April 1997 there has been an exemption class for dwellings, which are the sole or main residence of someone who is dependant on a relative living in a separate unit within a single property. 'Dependant' and 'Relative' are clearly defined and a person must fulfil both criteria before we can grant the exemption.

'Dependent' means

- a) Aged 65 years or more, or,
- b) Severely mentally impaired (he / she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent), or,
- c) Substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise).

'Relative' means

- a) He is the spouse of that person, or
 - b) He is that person's parent, child, grandparent, grandchild, brother, sister, uncle or aunt, nephew or niece, great-grandparent, great-grandchild, great-uncle, great-aunt, great-nephew or great-niece, or
 - c) He is that person's great-great-grandparent, great-great-grandchild, great-great-uncle, great-great-aunt, great-great-nephew or great-great-niece;
- i) *A relationship by marriage shall be treated as a relationship by blood,*
 - ii) *A relationship between a man and woman living together as husband and wife shall be treated as a relationship by marriage, and*
 - iii) *The stepchild of a person shall be treated as his child.*