



South Northamptonshire Council

Department of the Executive Director
Executive Director Calvin Bell

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COUNCIL TAX

Account Ref:.....

Property Ref:.....

Date:.....

LOCAL GOVERNMENT FINANCE ACT 1992

NEW OCCUPATION

Full postal address of property:

.....

.....Post code:.....

Please confirm the FULL names of all residents aged over 18 years. (If the property is empty please turn over page)

Title	Forename(s)	Surname	Date moved in

Are you the owner or tenant of the property?

OWNER/TENANT

What date did you complete the purchase/start your tenancy?

...../...../.....

Please supply the name and forwarding address of the previous occupier:

Previous address:

.....

.....

If you were the owner of this property, have you sold it?

YES/NO

If yes, please supply the name and address of the new owner and the date the sale completed:

If you were the tenant of this property, has your tenancy ended?

YES/NO

If yes, please confirm the name and address of the landlord and the date the tenancy ended:



INVAL FOR IN PEOPLE

The Council will through its community leadership preserve enhance improve and develop the quality of life of all residents and businesses in the district



Where no-one lives in a property, or it is used as a second home, the liability for Council Tax will be the responsibility of the person(s) entitled to occupy the property. This will usually be the owner or leaseholder but if the property has been let this will be the tenant. If the property is unoccupied or is used as a second home please confirm the name and address of the person entitled to occupy it.

Name(s):.....

Address:.....

Date of purchase/tenancy commenced:/...../.....

There are various category of exempt unoccupied dwellings (please tick only one box as appropriate)

- | | | |
|--|---|--|
| <input type="checkbox"/> A. Uninhabitable | <input type="checkbox"/> I. Unoccupied, person receiving care elsewhere | <input type="checkbox"/> Q. Unoccupied, last occupier bankrupt |
| <input type="checkbox"/> B. Unoccupied, owned by charity | <input type="checkbox"/> J. Unoccupied, person providing care elsewhere | <input type="checkbox"/> R. Unoccupied caravan pitch or mooring |
| <input type="checkbox"/> C. Unoccupied & Unfurnished | <input type="checkbox"/> K. Unoccupied, last occupier a student | <input type="checkbox"/> S. Occupied, all persons under 18 |
| <input type="checkbox"/> D. Unoccupied, person in detention | <input type="checkbox"/> L. Unoccupied, mortgagee in possession | <input type="checkbox"/> T. Unoccupied annexe to occupied dwelling |
| <input type="checkbox"/> E. Unoccupied, person in hospital or residential care | <input type="checkbox"/> M. Students Halls of Residence | <input type="checkbox"/> U. Occupied only by persons with severe mental impairment |
| <input type="checkbox"/> F. Unoccupied, person deceased | <input type="checkbox"/> N. Occupied only by students | <input type="checkbox"/> V. Occupied only by persons with diplomatic immunity or privilege |
| <input type="checkbox"/> G. Occupation prohibited by law | <input type="checkbox"/> O. UK armed forces accommodation | <input type="checkbox"/> W. Occupied annexe to occupied dwelling |
| <input type="checkbox"/> H. Unoccupied, held for Minister of Religion | <input type="checkbox"/> P. Visiting forces accommodation | |

The full Council Tax is based on the assumption that at least two adults live in the property. If, after ignoring anybody that falls in a category listed below, the property has fewer than two qualifying adults a discount may apply.

- | | | |
|---------------------------------------|--|---|
| A. Persons in detention | G. Youth Training Trainees | L. Visiting forces and dependants |
| B. Severely mentally impaired | H. Residential hospital patients | M. Members of religious communities |
| C. Person in receipt of Child Benefit | I. Resident of care home or hospital | N. Members of International HQ and Defence |
| D. Students | J. Carers and care workers | O. Non-British spouses of foreign students |
| E. Student nurses | K. Residents of certain hostels & night shelters | P. Persons with diplomatic privilege & immunity |
| F. Apprentice | | |

I certify I am the sole resident of the property. Signed:.....

I am not the sole resident but I believe that..... will be disregarded under category..... above.
(An application form will be issued for more information).

If your property has been altered to meet the needs of a disabled person you may be entitled to a reduction on one of the following grounds. (please tick the boxes that you believe apply and we will contact you to discuss it further).

- | | |
|--|--|
| <input type="checkbox"/> A room predominately used by & meeting the needs of the disabled person | <input type="checkbox"/> A second kitchen for the disabled person |
| <input type="checkbox"/> A wheelchair used indoors by the disabled person | <input type="checkbox"/> A second bathroom for the disabled person |

I certify that the information is accurate to the best of my knowledge (you may be prosecuted if you give false information).

Name:..... Signed:..... Tel:..... Date:.....