



Name \_\_\_\_\_

Subject Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Council Tax Reference Number \_\_\_\_\_

Dear Council Tax Payer

**COUNCIL TAX PROPERTY EXEMPTION APPLICATION -DWELLING LAST OCCUPIED BY PERSONS LIVING OR DETAINED ELSEWHERE DUE TO PROVIDING OR RECEIVING CARE**

In terms of schedule 11 of the Local Government Finance Act 1992, and the Council Tax (Exempt Dwellings) Scotland Order 1997 (as amended), a dwelling may be exempt from Council Tax. This application is for a dwelling which has become unoccupied because the resident is providing or receiving personal care, and carries an unlimited period of exemption while the qualifying conditions are met.

**Section 1 Exemption details**

All of the following questions must be completed before your application can be accepted.

1. Exempt period: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

(please provide your best estimate of when care will end)

2. Please indicate the reason(s) why you are providing or receiving personal care by circling one or more of the following:

- 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

How to complete the remainder of this application

If you are providing care to another person go to section 2

If you are receiving care from a relative go to section 3

If you are receiving care from a hospital / residential home go to section 4

**Section 2. Please complete if you are providing care**

**COUNCIL TAX REFERENCE NUMBER** \_\_\_\_\_

1. Name and address of person who is being cared for \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Expected date at which you will stop providing care \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. Name of person providing care \_\_\_\_\_  
\_\_\_\_\_
4. Please enclose a letter from your Doctor as confirmation that you are required to provide care

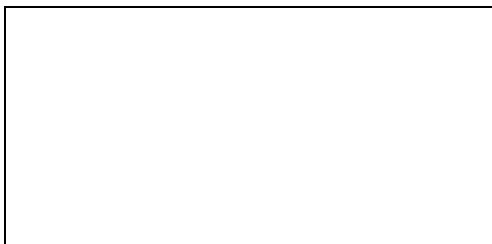
**Section 3 Please complete if you are receiving care from a relative**

1. Name of person receiving care \_\_\_\_\_  
\_\_\_\_\_
2. Address at which care is being provided \_\_\_\_\_
3. Name of relative providing care \_\_\_\_\_
4. Expected date you will return home \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
5. Please enclose a letter from your Doctor as confirmation that you are required to receive care from a relative

**Section 4 To be completed by a representative of a hospital or residential home, if you are receiving long term care in a hospital or home**

- 1 Name of person receiving long term care \_\_\_\_\_  
\_\_\_\_\_
2. I confirm that the above named person was admitted on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. Expected discharge date if known \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Details of care / treatment: \_\_\_\_\_  
\_\_\_\_\_

Official Stamp



Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Position: \_\_\_\_\_

I declare that the information in this form is true and complete. I authorise Argyll & Bute Council to verify the details. If exempt status no longer applies to this property I undertake to notify Argyll & Bute Council within 21 days of this occurring and understand that failure to do so may result in a fine of £50 and £200 on repeated failure to do so.

SIGNATURE OF LIABLE PERSON \_\_\_\_\_ DATE \_\_\_\_\_

**Data Protection Fair Processing Notice:** Argyll and Bute Council, or their agents, will hold information supplied in accordance with the provisions of the Data Protection Act 1998, we will use the information you have supplied primarily for the collection and administration of tax. The information may also be used for other legitimate purposes e.g. housing and council tax benefit administration or private landlord registration. This information may also be shared with other Councils, governmental and quasi-governmental bodies. By completing and submitting this form you consent to the use of your personal data including, where appropriate, sensitive personal data. You have a right to apply for a copy of the information we hold about you, and to have any inaccuracies corrected. The set fee (where applicable) will be charged. Should you wish to exercise this right, your request must be made in writing to the Data Protection Officer, Argyll & Bute Council, Kilmory, Lochgilphead, PA31 8RT.

Please address to: Executive Director of Customer Services, Witchburn Road, Campbeltown, Argyll PA28 6JU