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CIVIC OFFICES
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VALE OF GLAMORGAN COUNCIL
CYNGOR BRO MORGANNWG
COUNCIL TAX ENQUIRY FORM

VALE of GLAMORGAN
BRO MORGANNWG

PROPERTY NUMBER

DATE FORM ISSUED

THIS FORM MUST BE RETURNED BY

PLEASE READ THIS FORM CAREFULLY BEFORE COMPLETING AND RETURNING IT BY THE DATE PRINTED ABOVE

SECTION A - LIABLE PERSON

This part constitutes a notice under Regulation 3 of the Council Tax (Administration and Enforcement) Regulations 1992 (S.I. 1992 No 613). **You must supply the information which is required within 21 days.**
To find out who will have to pay for your home, look down the list below. ***As soon as you reach*** a description which applies to one or more people in your home, they are "liable" and responsible for paying the bill.

LIABLE STATUS

A	A resident with a **freehold** interest	- This will normally be a person who owns or is buying their home.
B	A resident with a **leasehold** interest	- This will be a person who is buying their home or holds a long lease on the property.
C	A resident who is a statutory or secure tenant	- This will be a person who is renting their home.
D	A resident who has a contractual licence to occupy the property	- This will be a person who has permission to reside in a property whether or not they pay rent.
E	Any other resident	- This will be a person who resides in a property whether or not they have permission.

To enable the Council to establish the names of the person(s) who are liable to pay the Council Tax **please list all persons** aged 18 or over who have their main home in the property. Only the names of the liable persons will be held on the computer.
If you have another property which is your MAIN residence e.g. (Family Home) to which you return periodically then you must complete section B.

Surname	Title	Forenames	✓ Partner of Liable Person	Liable Status as above A, B,C,D, or E	Date of Purchase / Start of Tenancy if after 1st April 1993	Date you occupied the property

Only the names of the liable persons will be held on the computer.

OLD ADDRESS:

_____

_____

Date you moved out: ___/___/___
Date furniture moved out: ___/___/___
Date sold (or tenancy ended):___/___/___
Name of new occupier / leaseholder / tenant: _____

_____

NEW ADDRESS:

Date you moved in: ___/___/___ Date furniture moved in: ___/___/___
Name & new address of previous occupier:_____

_____

_____

Previous occupiers Solicitor / Managing Agent:_____

_____

SECTION B – LIABILITY FOR OWNERS/LEASEHOLDERS/SECOND HOMES

Owners Name:_____
Owners Address:_____
Date Property Purchased / Lease Commenced / Became unoccupied ___/___/___

Unoccupied properties only:- Is the property ? furnished or unfurnished (delete as applicable)

Occupied properties only:- Is the property a?

- ☐ * care home or nursing home
- ☐ * hostel or house divided into bedsits with shared washing or cooking facilities
- ☐ * dwelling lived in by a minister of religion
- ☐ * dwelling where all the people who live there are under 18 (Exempt)

* Please ✓ all that are applicable

SECTION C – CLAIM FOR SINGLE PERSON HOUSEHOLD DISCOUNT

FULL NAME: _____

I confirm that with effect from ____/____/____ I am the only adult over 18 years of age living in the property detailed overleaf. I claim a single person household discount. (If this is due to a previous resident now vacating the property please give full name, date of vacation and forwarding address (if available) in **SECTION F** below).

SECTION D – CLAIM FOR OTHER DISCOUNTS

You may also qualify for a Council Tax Discount of:

(i) 25% if all the people living in the property, **except one** come into the following groups **OR**

(ii) 50% if **all** the people living in the property come into the groups.

If **all** the people usually living in the property fall within those groups identified with an asterisk (*) you may qualify for exemption from Council Tax.

- ☐ * Students
- ☐ Student Nurses
- ☐ Apprentices
- ☐ Youth Training Trainees under 25 years of age
- ☐ People aged 18 plus, in respect of whom child benefit is payable
- ☐ 18 & 19 year olds still in further education or just left further education after 30th April in any year
- ☐ Members of Religious Communities (e.g. Monks & Nuns)
- ☐ * Severely Mentally Impaired Persons
- ☐ Persons employed as voluntary care workers
- ☐ Persons providing care for disabled resident who is **NOT** their spouse, partner or child under 18
- ☐ * Prisoners, except those detained for non-payment of a fine or Council Tax
- ☐ * Long term patients in hospital/home
- ☐ Foreign language assistants
- ☐ Member of visiting forces

IF YOU THINK YOU MAY BE ENTITLED TO A DISCOUNT PLEASE TICK THE APPROPRIATE BOX(ES) AND THE RELEVANT APPLICATION FORM(S) WILL BE SENT TO YOU SHORTLY.

SECTION E – DISABLED PERSONS REDUCTION

If your property has been adapted to meet the needs of a disabled person i.e. an extra room or space to use a wheelchair please tick☐ A more detailed application form will then be issued to you.

SECTION F – ANY OTHER CHANGES

Any other changes (such as people moving into or out of your property or children becoming 18 which could affect any discount, exemption or disabled relief claim.) Please give below; full name, relevant date of change and forwarding address if applicable. If this change results in a single person discount becoming applicable **SECTION C MUST** also be completed.

SECTION G – DECLARATION – THIS DECLARATION MUST BE COMPLETED

I declare that the information given in this form is correct to the best of my knowledge and belief and I understand that I must advise the Council immediately if any of the circumstances change. I authorise the Council to undertake any inspection and / or checks to verify the details of this claim.

Signed _____ Full Name _____

Home Tel.No. _____ Day Time Tel.No._____ Date _____

DATA PROTECTION ACT, 1984 – The information provided on this form WILL BE TREATED AS CONFIDENTIAL and will be processed by and/or analysed on a computer system which is registered under the requirements of the Act. It will be used only:

(i) to establish liability to the Council Tax and eligibility for other forms of statutory relief and allowances in relation to Council Tax;

(ii) by authorised employees and registered external bodies (Valuation Office Agency, Benefits Agency); and

(iii) to provide for management, administration and collection of the Council Tax

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations that handle public funds.

Correspondence is welcomed in Welsh or English

Crosawir Gohebiaeth yn y Gymraeg neu yn Saesneg