

# COUNCIL TAX EXEMPTION APPLICATION FORM (Occupied property)



PROPERTY REFERENCE NUMBER

ACCOUNT NUMBER



If you require any help in completing this form, please telephone Customer Advice & Support on

**0300 100 1800**

or visit any Council Contact Centre/Library Contact Centre where our staff will be pleased to give you confidential assistance.

## INTRODUCTION

Certain properties may be exempt from the Council Tax if they meet one of a number of sets of conditions which are laid down in Regulations.

To claim exemption please complete this form USING BLOCK CAPITALS and return it without delay to the address shown overleaf.

## THE PROPERTY

What is the address of the property for which exemption is claimed?

Who owns the Property?

From when?

Who is the tenant (if any)?

From when?

Does anybody live in the property?

Yes

No

Is the property a dwelling house?

Yes

No

Is the property a garage, carport or car parking stance?

Yes

No

Please describe what the property is used for:

## ABOUT THE PEOPLE WHO LIVE IN THE PROPERTY

Please list below the names and dates of birth of everybody who usually lives in the property and indicate whether they are a student. (A definition of student is given in the attached notes).

FULL NAME	DATE OF BIRTH	STATUS

## THE GROUNDS FOR EXEMPTION

On page 3 you will find a list of the grounds on which exemption may be claimed for an occupied property. Please enter the number(s) of the paragraphs under which you are claiming exemption together with the date from which exemption should be effective.

PARAGRAPH NUMBER

DATE

### Supporting Documents/Information

If you are selecting exemption numbers 1, 2 or 5 please remember to enclose either:

- A student certificate (a blank one can be found on page 5) completed by the education establishment which confirms student status for each of the students who live in the property.
- A completed Doctor's Certificate (a blank one can be found on page 4) when you are claiming on the grounds the liable person is Severely Mentally Impaired, or
- A letter from the Local Authority who looked after you, if you are claiming exemption on the grounds you are a Care Leaver. This letter should confirm you were being looked after by them, the date you entered and left care and your date of birth.

## DECLARATION

I declare that to the best of my knowledge the information given is true and complete. I authorise Scottish Borders Council to undertake such enquiries it considers appropriate (including inspection of a property) to verify this claim. I undertake to advise the Council of any change of circumstances which may affect the liability for Council Tax. I understand that Scottish Borders Council is registered under the Data Protection Act. The Council is under an obligation to properly manage public funds. Accordingly, information I provide to the Council, and held in the Council's computer systems, will be used to prevent and detect error and fraud, and may also be shared for the same purpose with public bodies or other organisations which handle public funds.

I claim exemption from Council Tax:

YOUR SIGNATURE

DATE

NAME

TEL NO

ADDRESS FOR  
CORRESPONDENCE

Capacity (e.g. Owner; Tenant; Sub-Tenant; Agent)

To find out how we will process and use your personal information in connection with this request please see our Privacy Notices at [www.scotborders.gov.uk/CASSPrivacyNotices](http://www.scotborders.gov.uk/CASSPrivacyNotices)

If you would like a printed copy you can contact us via telephone on **0300 100 1800**.

When completed, this form should be returned to

**Scottish Borders Council  
Customer Advice & Support Service  
Council Headquarters  
Newtown St. Boswells  
Melrose TD6 0SA**

## COUNCIL CONTACT CENTRES/LIBRARY CONTACT CENTRES

You can find out the opening times from our website at [www.scotborders.gov.uk/contactcentres](http://www.scotborders.gov.uk/contactcentres) or by calling **0300 100 1800** and following the appropriate instructions. They are also displayed at each office.

## CIRCUMSTANCES IN WHICH OCCUPIED PROPERTY MAY BE TREATED AS EXEMPT FROM THE COUNCIL TAX

1. A dwelling which is wholly occupied by people who are severely mentally impaired and are either:

(a) In receipt of one of the following Benefits

- Incapacity benefit
- Employment and support allowance
- Attendance allowance
- Severe disablement allowance
- The care component of a disability living allowance (“higher” or “middle” rate)
- Daily living component of personal independence payment
- Daily living component of Adult Disability Payment
- Increased disablement pension due to constant attendance need
- Disability working allowance
- Unemployability supplement/allowance
- Constant attendance allowance
- Income support which includes a disability premium
- Partners JSA which includes incapacity premium
- Universal Credit

OR Is the partner of someone in receipt of JSA which includes the premium for incapacity for work.

### **Supporting Information/documentation required:**

Certificate from doctor confirming severe mental impairment (see overleaf) and photocopy (or other confirmation) of the award of the benefits mentioned above.

2. A dwelling in which all of the adult residents are either students or under 18 years of age. For the purposes of Council Tax a “student” is someone who is one of the following:

(a) a foreign language assistant with an appointment at a school or other educational establishment which is registered with the Central Bureau for Educational Visits and Exchanges.

(b) a person who is enrolled at a prescribed educational establishment e.g. a university or college of education, for the purpose of undertaking a specified course of education (e.g. degree and diploma courses; SCOTVEC, NC, HNC and HND or equivalent courses; graduate teaching, social work or youth and community course; and post graduate courses) which they are required to attend for at least 24 weeks in each academic year and which requires on average at least 21 hours of study, tuition or work experience in each of those weeks.

(c) a person aged under 20 who is undertaking a qualifying course (or courses) of education which

- involves in total more than 12 hours per week of study, tuition or practical work;
- lasts more than three months;
- is not a correspondence course or evening class.

(d) a student nurse studying an academic course at college or university or who is on a Project 2000 course. Student nurses who do not meet these criteria but are doing a course which leads to registration for the first time, on the Nursing register, do not fall to be treated as students but may still qualify to be disregarded in assessing the number of adult residents in a property.

### **Supporting Information/documents required:**

A student certificate (see page 5) completed by the education establishment which confirms student status for each of the students who live in the property.

3. A garage, carport or car parking space which is separately entered in the Valuation List and used

(a) for purposes wholly in connection with and ancillary to a dwelling

(b) wholly or mainly for accommodating a private motor vehicle.

4. Premises separately entered in the Valuation List and which are wholly or mainly used for domestic storage purposes.

5. A dwelling which is wholly occupied by young people who are “Care Leavers”. For the purposes of Council Tax a Care Leaver is someone who;

(a) is at least 18 years of age but not yet 26 years of age

(b) was being looked after by the Local Authority on their 16th birthday or at any subsequent time thereafter

(c) is no longer being looked after by a Local Authority.

The reference to “looked after” is to be construed in accordance with sections 17(6) (duty of Local Authority to child looked after by them) and 29(7) (after-care) of the Children (Scotland) Act 1995.

### **Supporting Information/documentation required:**

A letter from the Local Authority who looked after you which confirms you were being looked after by them, the date you entered and left care and your date of birth.

# Council Tax - Doctors Certificate

(To be completed by a registered medical practitioner)



I confirm that, in my opinion, the applicant suffers from the following condition (please give name and details of how the illness causes a permanent severe impairment of intelligence and social functioning).

Council Tax Acc No.

Name of Applicant

Address of Applicant

Name of Condition

**Details of how this condition affects the applicant's intelligence and social functioning:**

In signing this form you are certifying that this condition causes a permanent severe impairment of intelligence and social functioning.

To my knowledge this condition has existed since            /            /

To my knowledge this condition has permanently affected their intelligence and social functioning since    /            /

Doctor/Medical Practitioner Signature

Print Name

Telephone Number

Date        /            /

To find out how we will process and use your personal information in connection with this request please see our Privacy Notices at [www.scotborders.gov.uk/CASSPrivacyNotices](http://www.scotborders.gov.uk/CASSPrivacyNotices)

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Newtown St. Boswells  
Melrose TD6 0SA**

Doctors Practice Stamp:

# Council Tax - Student Certificate



Name of College/University attended

Address of College/University

Telephone Number

THIS IS TO CERTIFY THAT THE UNDERNOTED PERSON IS UNDERTAKING, OR ABOUT TO UNDERTAKE, A FULL-TIME COURSE OF EDUCATION WITHIN THE ABOVE NAMED EDUCATIONAL ESTABLISHMENT AND SATISFIES THE REQUIREMENTS LAID DOWN IN THE LOCAL GOVERNMENT FINANCE ACT 1992 (SCHEDULE 1 PARAGRAPH 4).

## SESSION

Student I.D. \_\_\_\_\_

Name and Address: \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_

Course Code & Title \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Certified \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Any enquiries should be directed to your Council Tax Officer.

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Official Stamp: