

## **Council Tax - Claim for Exemption Persons Absent From Home Providing Care**

The amount of Council Tax payable is based on the assumption that there are two or more adults living in each property. A Council Tax exemption may apply where a person has left his/her home unoccupied on a semi-permanent basis, in order to provide care for another person due to old age, disability, ill health, mental health issues, or drug/alcohol dependency. The property of the person providing this care will be exempt from Council Tax for the duration of their absence.

If you think your property might qualify to be exempted, please supply the information requested in this form. Authorisation will be required as follows:

- **Part 1** – To be completed by the person providing care
- **Part 2** – To be completed by the person receiving care
- **Part 3** – To be completed by a medical practitioner of the person receiving care

Please return the fully completed form to **FREEPOST RBSANDWELL**

### **Part 1 – To be completed by Care Provider**

**Name of person providing care**

**Address of property being left unoccupied**

**Council Tax account number**

**What date did you leave your home in order to begin providing care?**

### **Details relating to the person receiving care:**

**Full name and address of the person receiving the care**

**Number of adults (18 or over) living with the person receiving care**

**Address where care is being provided if different to above**

Please state the reasons why personal care is required:

Old age	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alcohol/drug dependence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental Health Issues	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Is their condition/illness considered permanent?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>If their condition is unlikely to be permanent when do you expect to return home?</b>	/	/
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### Evidence Required

In order for this exemption to be assessed, evidence will be required from the doctor of the person receiving care, to confirm that care is provided for the reason/s indicated above. Please arrange for the doctor of the care recipient to complete PART 3 of this form and return all parts to **FREEPOST RBSANDWELL**.

**DECLARATION - which must be completed by, or on behalf of, the liable resident**

I declare that the information given above is true and accurate to the best of my knowledge and belief. I understand that if my circumstances relating to liability, discount or exemptions change, I must notify the Council Tax office within 21 days. In addition, I am aware that I must not knowingly provide false information. I understand that failure to meet these requirements could result in a **£70 fine** (penalty) being added to my Council Tax account.

Full Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** Where there is a legitimate reason to do so, information which is collected for the administration of Council Tax may be shared with other departments within Sandwell Council

## Part 2 – To be completed by person receiving care

Name of Patient

Patient's Address

Patient's Doctor

Name of person acting on patients behalf (if applicable)

Relationship to patient

I authorise you to seek on mine/the patient's behalf, the certificate set out in PART 3 below from the above mentioned medical practitioner. I agree that the certificate should be returned to Sandwell MBC.

Signature of patient or patient's representative

Date

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## Part 3 – To be completed by a medical practitioner of the person receiving care

### Definition of away providing care reduction:

For Council Tax purposes a person is considered away providing care where the owner or tenant has left a property unoccupied, having changed their place of residence in order to provide personal care for someone else due to old age, disability, illness, past or present alcohol or drug dependence or past or present mental health issues.

As the doctor of the person for who care is being provided, please provide the information requested overleaf, along with an accompanying registered medical practitioner stamp to authenticate the certificate. If no stamp is available please provide the information on the surgery/hospital's official letter head

I certify that, in my opinion, the person named in PART 2 above either:

- Requires care  due to old age, disablement, illness, past or present alcohol or drug dependence or past or present mental disorder.
- Does *not* require care  due to old age, disablement, illness, past or present alcohol or drug dependence or past or present mental disorder.

<b>Name of Patient</b>	
<b>Patient's Address</b>	
<b>Reason for required care</b>	
<b>Doctor's Status (i.e. GP, Consultant etc.)</b>	
<b>Doctor's Full Name</b>	
<b>Doctor's Hospital/Surgery Address</b>	
<b>Registered medical practitioner stamp</b>	<b>Date</b>

**Please ensure all parts of this form are completed before returning to:  
FREEPOST RBSANDWELL**

### **EXEMPT DWELLINGS EXPLANATORY NOTES**

#### **Statutory Instrument 1992 NO.558.**

A dwelling is an exempt dwelling for the purposes of Section 4 of the Local Government Finance Act 1992 if it falls within the following class:-

**CLASS J:** An unoccupied dwelling which was previously the sole or main residence of a person who is the owner or tenant of the dwelling and who ;

- a) Has his sole or main residence in another place (not being a hospital, residential care home, nursing home, mental nursing home or hostel within the meaning of paragraphs 6,7 or 8 of Schedule 1 to the act) for the purpose of providing, or better providing, personal care for a person who requires such care by illness, past or present alcohol or drug dependence or past or present mental disorder ; and
- b) Has been a relevant absentee for the whole of the period since the dwelling last ceased to be his residence.