

Property empty because someone has moved out to receive care Council Tax exemption application form

A property is exempt from Council Tax if it's empty because the person who lived there has moved out to receive care.

Proof you need to send with this application form

Information that shows the person has moved out. We need:

- copies of utility bills showing their accounts are closed (required)
- confirmation that the property is actively on the open sales or lettings market – this can be a link to the property listing (if applicable)
- a copy of a Deed of Surrender to show that their tenancy has ended (if applicable)

Information that supports why the person needed to move out to receive care. For example:

- hospital discharge papers
- a letter from a doctor

If you're completing this form on behalf of the person who's moved out, we also need either a:

- certified copy of lasting power of attorney
- copy of our Council Tax authority to discuss form. You can download the form at: royalgreenwich.gov.uk/council-tax-permission

Warning: You must pay Council Tax while you wait for us to decide if you're eligible for a discount. If you do not pay, we'll start the Council Tax recovery process.

1. About your eligibility for this discount or exemption

I confirm that the person has moved out to receive care due to (select all that apply):

- ☐ old age
- ☐ disability
- ☐ illness
- ☐ past or present alcohol or drug dependency
- ☐ past or present mental health condition

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I also confirm that the person who's moved out:

- ☐ was liable for Council Tax at the property
- ☐ lived in the empty property as their sole or main home
- ☐ is permanently living with someone else to receive care
- ☐ has no intention to return
- ☐ has not lived anywhere else in between moving out of their home to where they're living now

2. About the Council Tax payer

Council Tax account number This is 8-digits. You can find it at the top of your Council Tax bill.	Date the discount or exemption should start
	DD/MM/YYYY
Full name of the Council Tax payer	Full address of the property you're applying for

3. About the person who has left the property to receive care

Full name	Date of birth
	DD/MM/YYYY
Nature of condition	

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4. Representative details

Tell us your details if you are completing this form on behalf of the person who's moved out to receive care.

If you do not have lasting power of attorney, you can use our 'Authority to Discuss' form and send it with this application. Download the form at: royalgreenwich.gov.uk/council-tax-permission

Full name		Address (if different to the person receiving care)	
Daytime phone number		Email address	
Should we send future correspondence to the representative?		Does anyone have lasting power of attorney?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes – provide certified copy <input type="checkbox"/> No	

5. About the household

Is the property currently empty or occupied?	<input type="checkbox"/> Empty <input type="checkbox"/> Occupied
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a) If the property's empty

Date the property became empty	DD/MM/YYYY
Is it empty furnished or unfurnished?	<input type="checkbox"/> Furnished <input type="checkbox"/> Unfurnished
Date the property was purchased (if applicable)	DD/MM/YYYY
Is the property actively marketed for sale or rent?	<input type="checkbox"/> Yes – include a link to the property listing <input type="checkbox"/> No

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Tenancy start date (if applicable)		DD/MM/YYYY	
Is the tenancy ended or surrendered?		<input type="checkbox"/> Yes – date (DD/MM/YYYY) <input type="checkbox"/> No	
If rented, tell us the landlord or managing agent details			
Full name of landlord or managing agent		Address of landlord or managing agent	
Daytime phone number		Email address	

b) If the property's occupied

We need details of everyone living in the household and their relationship to the absent person receiving care elsewhere (use another sheet if needed)			
Number of people now living in the property			
Full name	Date of birth	Date moved in	Relationship to the person who's moved out to receive care
1)	DD/MM/YYYY	DD/MM/YYYY	
2)	DD/MM/YYYY	DD/MM/YYYY	
3)	DD/MM/YYYY	DD/MM/YYYY	

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6. Proof required

I have included copies of utility bills showing their accounts are closed (required)	<input type="checkbox"/> Yes
I have included evidence that the absent person has actively put their property up for sale or rent (if applicable)	<input type="checkbox"/> Yes
I have included evidence that the absent person has surrendered or ended their tenancy (if applicable)	<input type="checkbox"/> Yes
I have included information that supports why the person needed to move out to receive care, for example, hospital discharge papers or a doctor's letter	<input type="checkbox"/> Yes
I have included a certified copy of lasting power of attorney (if applicable)	<input type="checkbox"/> Yes
I have included a completed Authority to Discuss form (if applicable)	<input type="checkbox"/> Yes

7. Declaration

You must read and agree to the terms and conditions of this discount or exemption.

By applying, you confirm that:

- the information you've given on this form is correct and complete
- you agree to tell us straight away about any change in your circumstances that may affect your entitlement
- you acknowledge that providing false information or failing to tell us about a change in your circumstances for the purpose of claiming or retaining a Council Tax reduction or discount is an offence that could result in the Royal Borough of Greenwich issuing court proceedings against you
- you understand that we have a duty to protect the public funds we administer. We may use the information you've provided on this form within this authority for the prevention and detection of fraud. We may also share this information with other bodies administering public funds which may include other councils and government departments

☐ I confirm I have read, understood and agree to comply with the declaration above.

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Full name (use capital letters)	Signature	
Daytime phone number	Email address	Date
		DD/MM/YYYY

Send every page of this form, with your proof, to us by email or post to:

Email: counciltax@royalgreenwich.gov.uk

Royal Borough of Greenwich
Revenues Service
The Woolwich Centre
35 Wellington Street
London SE18 6HQ

What happens next

It can take up to 21 days for us to process your application and decide if you're eligible.

We may ask you for more proof. If you're eligible, we'll send you an updated bill.

You must tell us within 21 days about any change in your circumstances that may affect your entitlement to a discount or exemption. If you do not tell us, you could get a £70 fixed penalty.

Appeal a decision

If you're not happy with our decision you can appeal to us in writing within 28 days. Find out how to appeal, at: royalgreenwich.gov.uk/appeal-council-tax