

# Council Tax information form



This form is issued by the Revenues Service,  
Wallfields, Pegs Lane, Hertford, Herts, SG13 8EQ

**Property address:**

Acct ref:

**Data protection and investigating fraud**

We must protect our public funds and so we may use the information you have given on this form to prevent and detect fraud. We may also share this information with other public bodies for the same purpose, for example other local authorities or the Benefit Agency

**You should fill in this form using block capitals and send it to us within the next 21 days (even if you already get Council Tax Benefit).**

Please make sure the information you give is accurate.  
If you have any questions about this form, please phone 01438 242875.

**1 About you and people who live with you**

How many people **aged 18 and over** including yourself live in your home?

Please provide a contact telephone number

Please list below everyone **over 16** who lives in your home, including yourself.

Full name	Tell us here if the person is the owner, tenant or leaseholder	If anyone moved in recently, what was the date?	If aged 16 to 18 what is their date of birth?
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**If the circumstances in your household have not changed during the last 12 months please go to box 8 over the page and sign the declaration**

**2 About your home**

**PLEASE ANSWER ALL THESE QUESTIONS:**

Is the property lived in? Yes  No  Do you rent the property? Yes  No

Is the property furnished? Yes  No  Is the property for sale? Yes  No

Do you own the property? Yes  No

If you are not the owner, please tell us who the owner or agent of your home is, and their address.

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If you are the owner but live elsewhere please provide your Home address and Telephone number.

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**3 Please tell us about anyone who has moved out of your home within the last 12 months**

Full names	Where do they live now?	When did they move out?

**4 If you have recently moved into your home, please tell us where you lived before and when you left that address**

Address	Date you moved out

**5 If you have changed your name, please tell us your old and new names**

Old name	
New name	

**6 Discounts or reductions**

You do not have to fill in this section, but if you do, we may be able to give you a discount or reduction

**Please tell us if you or someone you live with is one of the following:**

A student or a student nurse	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please send us a student certificate for the person studying
An apprentice	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please send us the name and address of the employer, and wage slips
A YTS trainee	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please send us the name and address of the employer.
An 18 or 19 year old who has recently left school or you get child benefit for	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please tell us the name and address of the school and the date they left, or a copy of the Child Benefit book.
Severely mentally impaired (SMI)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please provide a doctor's letter confirming the person is SMI and date of diagnosis, proof of any benefit they get, and their National Insurance number.
In prison or detained under the Mental Health Act 1985	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please tell us the name and address of prison or hospital.
In hospital	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please tell us the name and address of the hospital or send us a letter from the hospital.
Living in a care home	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please tell us the name and address of the care home, or send us a letter from the care home.
A care worker earning £44 or less per week, or a resident carer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please tell us the name and address of the employer, or send us a letter from the carer.

**7 Disability reduction**

If a disabled person who lives in your home as an extra room, or an extra bathroom or kitchen, or extra space for a wheelchair to meet their needs, you may get a reduction in your Council Tax.

Do you think this applies to you? Yes  No  If Yes, we will send you a form

**8 Declaration**

I declare that the information given on this form is true and complete to the best of my knowledge and belief. I understand that the Council may check this information as necessary with various external agencies and other council departments. I am also aware that I am required to notify the Council in writing of any change in circumstance at my home. Failure to notify of such changes could lead to a penalty being imposed.

Signed:

Date: