SOUTH GLOUCESTERSHIRE COUNCIL

Department for Resources and Business Change, Revenue Services, PO Box 1953, Bristol, BS37 0DE www.southglos.gov.uk

TEL: 01454 868003

COUNCIL TAX: ANNEXE EXEMPTION QUESTIONNAIRE

The Government has decided that with effect from 1 April 1997, that where an annexe or similar self contained part of a property is occupied by an elderly or disabled relative of the residents living in the main residence then the annexe and its occupiers should be exempt from Council Tax.

SECTION 1	
APPLICANTS NAME:	PROPERTY REFERENCE: (ctrel)
APPLICANTS ADDRESS:	
POSTCODE:	DAYTIME TELEPHONE NO:
SECTION 2	
ADDRESS OF ANNEXE	
SECTION 3	
HOW MANY PEOPLE ARE RESIDENT IN THE ANNEXE?	
NAME(S) OF THE OCCUPANTS	
DATE THEY MOVED INTO ANNEXE	
ARE ANY OF THE RESIDENTS IN THE ANNEXE (Please tick appropriate box)	
OVER 65	YES NO
DISABLED	YES NO
SEVERELY MENTALLY IMPAIRED	YES NO
(DEFINITION OVERLEAF)	
SECTION 4 IF ANY OF THE PEOPLE AT SECTION 3	,
PLEASE STATE WHO AND WHICH QUALIFYING BEN	NEFIT THEY RECEIVE. (LIST OF
QUALIFYING BENEFITS OVERLEAF)	
NAME:	
	BENEFIT:
NAME	
NAME:	BENEFIT:

SECTION 5 IF ANY OF THE PEOPLE AT SECTION 3 ARE DISABLED, PLEASE STATE WHO, AND THE NATURE OF THE DISABILITY		
NAME:	BENEFIT:	
NAME:	BENEFIT:	
SECTION 6		
HOW ARE THE PEOPLE NAMED AT SECTION 3 (WHO RESIDE IN THE ANNEXE) RELATED TO THE PEOPLE WHO OCCUPY THE REST OF THE PROPERTY (i.e. grandparents etc.)?		
SEVERELY MENTALLY IMPAIRED: A person is severally mentally impaired if they have a severe impairment of intelligence and social functioning which appears to be permanent and has been certified as such by a doctor. They must also be entitled to one of the following qualifying benefits:		
Please tick the appropriate box or boxes: I declare that the qualifying person is entitled to: • The care component of a disability allowance at the middle or higher rate • Incapacity benefit • A severe disablement allowance • An unemployment supplement payable as an increase to disablement		
benefit? An employability allowance payable with war disablement pension Attendance allowance		
 Constant attendance allowance at one of the four rates payable with disablement Income support disability premium on the grounds of incapacity to work An increase in the rate of disablement pension 		
A disability working allowance		
It may be necessary for the Council to see proof of the benefit paid, if this is the case, the Council will write to you. SECTION 7: DECLARATION BY APPLICANT		
I declare that the information given on this form is true and accurate to the best of my knowledge and belief.		
SIGNATURE:	DATE:	
If you are completing this form on behalf of someone else, please state in what capacity you act: i.e. appointee, power of attorney.		