

COUNCIL TAX



HART DISTRICT COUNCIL
 CIVIC OFFICES, HARLINGTON WAY
 FLEET, HAMPSHIRE GU51 4AE
 Tel 01252 622122 Fax 774415

In Order to determine the liability and level of the Council Tax Charge for the above property would you please complete this form in BLOCK CAPITALS and return it to Hart District Council. **You are legally obliged to supply the information requested in Section A and confirm the details given, by signing the declaration in Section E.** However, it would be helpful and in your own interest to complete any other relevant sections.

The data contained on this form will be kept and administered entry with the Data Protection Registrar and in accordance with the Data Protection Act 1984.

Thank you

A LIABILITY		(* = Tick where appropriate)		
1. GENERAL LIABILITY				
CLASSES OF PERSONS LIABLE TO PAY THE CHARGE				
1. RESIDENT OWNER	}	Listed in order of priority		
2. RESIDENT LEASEHOLDER				
3. RESIDENT STATUTORY OR SECURE TENANT				
4. RESIDENT CONTRACTUAL LICENCE HOLDER				
5. ANY OTHER RESIDENT (aged 18 or over)				
6. NON-RESIDENT OWNER/LEASEHOLDER				
The person liable to pay the charge on the above property is the person who falls into the first class that applies . (i.e. if there is no resident owner the resident leaseholder, and so on, down the list).				
2. ARE YOU JOINING A HOUSEHOLD? *YES <input type="checkbox"/> NO <input type="checkbox"/>				
3. CHANGING OF ADDRESSES				
PLEASE LIST ALL OCCUPANTS AGED 16 AND OVER, AND INDICATE WHO WILL BE THE LIABLE PERSON(S)				
TITLE	TICK LIABLE PERSON(S)	SURNAME	FORENAMES	D.O.B. if under 18
OLD ADDRESS		NEW ADDRESS		
DATE VACATED	DATE SOLD	DATE OCCUPIED	DATE PURCHASED	
4. IF YOU ARE MOVING INTO THE AREA, HAVE YOU LIVED IN THE HART DISTRICT BEFORE? IF YES, AT WHICH ADDRESS AND WHEN? *YES <input type="checkbox"/> NO <input type="checkbox"/>				
ADDRESS _____				
_____ DATE _____				

IF THE PROPERTY IS OCCUPIED PLEASE CONTINUE. IF NOT, GO STRAIGHT TO SECTION C.

B OCCUPIED PROPERTY (* = Tick where appropriate)

1. If the property has **recently** become occupied please supply the correct date of occupation. _____/_____/_____

2. SINGLE RESIDENT DISCOUNT

Is there only **one person, aged 18 or over**, resident at the property as their main or only home? *YES NO
If yes, please supply the exact date single residency started (if recent) _____/_____/_____

3. DISABILITY REDUCTION (Not applicable for properties in Band A)

Is there a substantially and permanently disabled person in the property who either, uses a wheelchair inside the property, has a special room (other than a kitchen, bathroom or toilet) or an **extra** bathroom or kitchen to meet their needs. *YES NO

4. DISCOUNT DISREGARDS

Please state in the boxes below the **number of residents, aged 18 years or over** who may qualify for one of the following. (Note: If there are two or more adult residents who do not qualify, this discount is not applicable).

- | | | |
|---|--|---|
| <input type="checkbox"/> A – Youth Training Trainee | <input type="checkbox"/> G – Carer (1) | <input type="checkbox"/> M – Child Benefit payable for a person aged 18+ and who is not a student |
| <input type="checkbox"/> B – Student Nurse | <input type="checkbox"/> H – Carer (2) | |
| <input type="checkbox"/> C – Apprentice | <input type="checkbox"/> I – Resident Hospital Patients | <input type="checkbox"/> N – International Headquarters |
| <input type="checkbox"/> D – Severley Mentally Impaired | <input type="checkbox"/> J – Hostel Residents | <input type="checkbox"/> O – Foreign Language Assistant |
| <input type="checkbox"/> E – Persons in Detention | <input type="checkbox"/> K – Resident Care Home Patients | <input type="checkbox"/> P – Former Student (under 20) |
| <input type="checkbox"/> F – Religious Communities | <input type="checkbox"/> L – Students (inc. Project 2000 Nurses) | <input type="checkbox"/> Q – Member of a Visiting Force |

If any of the above apply, please state **the number of persons aged 18 or over**, resident in the property as their main or only home. (Please include any Discount Risregards) _____

5. EXEMPT OCCUPIED PROPERTY

Please indicate if the property qualifies for one of the following classes:

- * Occupied solely by Students Halls of Residence occupied by Students Armed Forces Accomodation

C RENTED PROPERTY

If the property is rented, please advise name and address of owner/agent responsible for the property.

NAME
ADDRESS

D UNOCCUPIED PROPERTY (* = Tick where appropriate)

1. Is the property going to be left unoccupied? *YES NO

2. Is the property furnished? *YES NO

NOTE: If the property is not exempt and remains unoccupied and **furnished** a 50% (half charge) will apply.

3. EXEMPT UNOCCUPIED PROPERTY (see attached notes)

If you feel the property qualifies for one of the exempt unoccupied property classes please indicate the appropriate class. _____

E DECLARATION

Any relevant change of circumstances may affect the level of charge and must be brought to the Council's attention within 21 days. The information supplied is to the best of my knowledge and belief, true and accurate.

NAME: _____ SIGNED: _____ DATE: _____

The department will contact you if necessary, therefore it would be useful if you could supply a contact telephone number. _____