Class E – Care Home Exemption Review Form

The Council has a duty to maintain accurate Council Tax records and as such is undertaking a review of all properties currently claiming a Class E exemption. In order that we may verify that the exemption is being claimed correctly, please complete the review form in full within the next 21 days.

Part 1 - Exempt Property Details (Please complete every box in Part 1)			
Please confirm the full address of the exempt property:	Accoun	it No.	
Postcode:			
Part 2 - About the person in care (Please complete every box in Part 2)			
Please confirm the full name of the person in receipt of care, including their titl	e:		
Please confirm the name and address of the care home:			
If you are completing the form on behalf of the person in care, please pro	vide the	following inf	ormation:
Your full name:			
Your residential address:	Telepho	one No.	
Postcode:	Mobile	No.	
Your email address:			
Please confirm your relationship to the person in care:			
Do you hold Power of Attorney (If 'yes' please provide a copy for our records):			
Part 3 – Liability (Who is the owner of the property) (Please answer every question in Part 3)		YES	NO
Does the person in care still own the property:			
If the property is still owned by the person in care, does it remain vacant:			
If the property is still vacant, is it furnished:			
On what date approximately was the furniture was removed:		/	1

Part 4 – Change in Liability (You need to complete all boxes in Part 4 if the property has been sold)			YES	NO			
Has the person in care sold the property:							
If 'yes' on what date was the property sold:				1	I		
Please provide details of the new owner(s):		Title:	Title:				
		Forename:	Forename:				
		Surname:	Surname:				
	Part 5 – Is the property occupied (You only need to complete this section if the property is now occupied) YES NO						
Has the pro	Has the property been occupied for any period of time:						
If 'yes' plea	ase provide details of all	occupiers aged 18 years or over below	W:				
Title	Forename	Surname	Tena	ncy Start Date			
Have any of the occupiers lived in our city previously:							
Please pro	vide any contact details	or previous addresses known for anyo	one occupying	the property:			
Please provide any additional information you feel may be relevant to the exemption being claimed for this property:							
I confirm that the above information to be correct and true and the exemption is being claimed correctly.							
Signed	Signed						
Please be aware that failure to respond to this request within 21 days, or providing inaccurate or false information may lead to a penalty of £70.00, under Schedule 3 of the Local Government Finance Act 1992. Repeat offences may lead to a penalty of £280.00.							
Your completed form must be returned to the Revenues Department by emailing us at							
ctax@southend.gov.uk. If you are printing out a hardcopy, please return this to:The Revenues Department, Civic Centre, Southend on Sea, Essex SS2 6AN							