## 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:

Account No.

Telephone No.

 $\square$   $\square$ 

NO

1

| |

YES

1

Mobile 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 title:

Please confirm the name and address of the care home:

## If you are completing the form on behalf of the person in care, please provide the following information:

Your full name:

Your residential address:

Postcode:

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)

 Does the person in care still own the property:

If the property is still vacant, is it furnished:

On what date approximately was the furniture was removed:

If the property is still owned by the person in care, does it remain vacant:

<b>Part 4 – Change in Liability</b> (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	/
Please provide details of the new owner(s):	Title:	Title:		
	Forename:	Forename:		
	Surname:	Surname:		
<b>Part 5 – Is the property occupied</b> (You only need to complete this section if the property is now occupied)		YES	NO	
Has the property been occupied for any period of time:				
If 'yes' please provide details of all	occupiers aged 18 years or over belo	ow:		
Title Forename	Surname	Tena	ncy Start Date	
Have any of the occupiers lived in our city previously:				
Please provide any contact details	or previous addresses known for any	one occupying	the property:	
Please provide any additional infor property:	mation you feel may be relevant to the	e exemption be	ing claimed for	this
I confirm that the above informatio	n to be correct and true and the exem	ption is being c	laimed correctly	/.
Signed		Date		
inaccurate or false informa	e to respond to this request v ation may lead to a penalty of ance Act 1992. Repeat offenc	£70.00, und	ler Schedule	e 3 of
ctax@southend.gov.uk. If yo	e returned to the Revenues De u are printing out a hardcopy, p Civic Centre, Southend on Sea	lease return	this to:	at