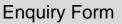
Revenue Services

Council Tax





For office use only					
Input By		Council Tax Reference			
Date Input					

Please use black ink and block capital letters or typescript

Background

In order to ensure that the Council Tax bill for the following property is correctly assessed and that the council tax payer is given any reductions that they may be entitled to. Please complete this form, sign the declaration on page 4 and return it to the address at the bottom of the page.

Your Details				
Name		Council Tax Reference		
Daytime Telephone No.		Email Address		

Section 1: Details of Liable Persons(s)

Your property will be covered by one of the three undernoted categories. Please supply, in the space provided, the information requested.

- A. If the property is **owner occupied**, please provide the name(s) of the owner/joint owner(s) and any partner(s) who are resident in the property.
- **B.** If the property is **rented**, please provide the name(s) of the tenants/joint tenants and any partner(s) who are resident in the property.
- **C.** If **neither of the above** apply, please provide the name(s) of all adult residents **or** if there are **no residents** please provide the name(s) of the owner(s) or the tenants(s) if a lease for six months or more is in existence.

N.B Married and unmarried couples living together are jointly and severally liable for Council Tax as are other joint owners and joint tenants. Same sex couples (whether or not they are civil partners) are also jointly liable for Council Tax. Full names should be provided below.

Title (Mr Mrs Ms Miss)	Surname	Forename(s)	Date of Birth (if under 18 years old)

Section 2: Payment Methods					
Council Tax is payable in 10 monthly instalments, on 1st of the month from April to January inclusive. Direct Debit payers can choose to pay on the 1st, 15th or 28th of the month. If you pay by Direct Debit on the 1st of the month, you can now elect to spread your payments over 12 months from April to March.					
Please tick the appropriate box to show how you intend to pay.					
Alternatively, you can download a Direct Debit instruction from our website – www.eastdunbarton.gov.uk Please return your completed Direct Debit instruction with this form.					

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Section 3: Reductions

Reductions of up to 100% (excluding water/waste water services) are available to anyone liable to pay the Council Tax. If you or your partner are on a low income, in receipt of Income Support or any other state benefits including Pension Credit or have gualified for a Council Tax reduction in the past, you may be eligible for help to pay the Council Tax.

If you are solely liable for Council Tax, regardless of your own income, 2nd Adult Rebate may be claimed based on the income and circumstances of one or more adults who live with you, but are not your partner or a boarder/lodger.

Please tick the appropriate box if you wish an application form for:	Council Tax Reduction	2nd Adult Rebate
Alternatively, you can download claim forms from our websit		

Please return your completed claim forms with this form.

Section 4: Disabled Persons

If there are any disabled persons living in the house, a reduction in the level of Council Tax may be available.

Please tick here if you wish an application form

Alternatively, you can download an application form from our website - www.eastdunbarton.gov.uk Please return your completed forms with this form.

Section 5: Discounts

Discounts which could reduce the level of Council Tax may be available if any of the adults usually living in the house fall into any of the undernoted categories. Please note, discount cannot be granted if there are two or more adults living in the property who do not fall into the categories shown.

Please enter in the appropriate box or boxes the number of application forms which you require:

Category	Number	For office use
Severely mentally impaired		
Over 18 with Child Benefit still payable		
Students		
Apprentices, including Youth Training Trainees (YTS)		
Long term patients in hospitals or residential homes		
Care Workers		
Alternatively, you can download an application form from ou	r website – v	www.eastdunbarton.gov.uk

Please return your completed forms with this form.

Section 6: Exemptions	
Exemptions may be claimed if the property is empty and unfurnished.	Please tick here if you wish an application form
Alternatively, you can download an application form from our website – v Please return your completed forms with this form.	www.eastdunbarton.gov.uk

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Section 7: Property Details					
			to 🗌	Within 🗌	
Section 7c only requires completion if you are moving within East Dunbartonshire.					
Section 7a: Moving Into East D	Dunk	artonshire			
Property Address					
Previous Address					
Date Moved In (Insert Exact Date)			Date Furr	niture Moved In	
Number of Adults Moving In					
Full Names of All Adults Moving In					
Are you the (please mark 'x' in the correct box)		Owner 🗌	Te	nant 🗌	Other 🗌
Section 7b: Moving Within Eas	st Di	Inbartonshire	1		
New Property Address					
Date Moved In (Insert Exact Date)			Date Furr In	niture Moved	
Number of Adults Moving In					
Full Names of All Adults Moving In					
Are you the (please mark 'x' in the correct box)		Owner 🗌	Те	nant 🗌	Other 🗌
Cootion 7. Continued					
Section 7: Continued					
Please complete the following, providing exac	t data	s whore applicable:			
Please complete the following, providing exac	t date	s where applicable: Owner			Tenant
Please complete the following, providing exac Date of Purchase/ Tenancy Start Date	t date:		-		Tenant
	t date:				Tenant
Date of Purchase/ Tenancy Start Date	t date:				Tenant
Date of Purchase/ Tenancy Start Date Solicitors Name/ Landlord Name	t date:				Tenant
Date of Purchase/ Tenancy Start Date Solicitors Name/ Landlord Name Address Of Solicitor/ Landlord	t date				Tenant
Date of Purchase/ Tenancy Start Date Solicitors Name/ Landlord Name Address Of Solicitor/ Landlord Contact Telephone No.	t date:				Tenant
Date of Purchase/ Tenancy Start Date Solicitors Name/ Landlord Name Address Of Solicitor/ Landlord Contact Telephone No. Name of Previous Owner/ Tenant Forwarding Address of Previous Owner/	t date				Tenant
Date of Purchase/ Tenancy Start Date Solicitors Name/ Landlord Name Address Of Solicitor/ Landlord Contact Telephone No. Name of Previous Owner/ Tenant Forwarding Address of Previous Owner/ Tenant (if known)		Owner	:	Furnished	
Date of Purchase/ Tenancy Start Date Solicitors Name/ Landlord Name Address Of Solicitor/ Landlord Contact Telephone No. Name of Previous Owner/ Tenant Forwarding Address of Previous Owner/ Tenant (if known) Contact Telephone No.	e abo	Owner		Furnished	Unfurnished
Date of Purchase/ Tenancy Start Date Solicitors Name/ Landlord Name Address Of Solicitor/ Landlord Contact Telephone No. Name of Previous Owner/ Tenant Forwarding Address of Previous Owner/ Tenant (if known) Contact Telephone No. Please complete if you answered 'Tenant'. Th	e abo	Owner			Unfurnished
Date of Purchase/ Tenancy Start Date Solicitors Name/ Landlord Name Address Of Solicitor/ Landlord Contact Telephone No. Name of Previous Owner/ Tenant Forwarding Address of Previous Owner/ Tenant (if known) Contact Telephone No. Please complete if you answered 'Tenant'. Th Please complete if you answered 'Other'. The	e abo	Owner			Unfurnished
Date of Purchase/ Tenancy Start Date Solicitors Name/ Landlord Name Address Of Solicitor/ Landlord Contact Telephone No. Name of Previous Owner/ Tenant Forwarding Address of Previous Owner/ Tenant (if known) Contact Telephone No. Please complete if you answered 'Tenant'. Th Please complete if you answered 'Other'. The Name and address of above:	e abo	Owner			Unfurnished
Date of Purchase/ Tenancy Start Date Solicitors Name/ Landlord Name Address Of Solicitor/ Landlord Contact Telephone No. Name of Previous Owner/ Tenant Forwarding Address of Previous Owner/ Tenant (if known) Contact Telephone No. Please complete if you answered 'Tenant'. Th Please complete if you answered 'Other'. The Name and address of above: Daytime Telephone No. Please provide us with any other information you feel is relevant:	e abov	Owner			Unfurnished
Date of Purchase/ Tenancy Start Date Solicitors Name/ Landlord Name Address Of Solicitor/ Landlord Contact Telephone No. Name of Previous Owner/ Tenant Forwarding Address of Previous Owner/ Tenant (if known) Contact Telephone No. Please complete if you answered 'Tenant'. Th Please complete if you answered 'Other'. The Name and address of above: Daytime Telephone No. Please provide us with any other	e abov	Owner			Unfurnished
Date of Purchase/ Tenancy Start Date Solicitors Name/ Landlord Name Address Of Solicitor/ Landlord Contact Telephone No. Name of Previous Owner/ Tenant Forwarding Address of Previous Owner/ Tenant (if known) Contact Telephone No. Please complete if you answered 'Tenant'. Th Please complete if you answered 'Other'. The Name and address of above: Daytime Telephone No. Please provide us with any other information you feel is relevant: Section 7c: Old Property Detai	e above	Owner	/ia:		Unfurnished

Page 3 of 4 Council Tax Team, Revenue Services, East Dunbartonshire Council, William Patrick Library, 2/4 West High Street, Kirkintilloch,G66 1AD Tel: 0141 578 8190 Fax: 0141 578 8339 Email: counciltax@eastdunbarton.gov.uk Web: www.eastdunbarton.gov.uk

Who should we contact regarding the previous property?					
Name			Daytime Telephone No		
Address					
What is their interest in the above property?		Landlord	New Owner	Solicitor	
Please provide us with any feel is relevant:	other information you				

Section 8: Holiday Homes/Second Homes

If this property is being used as a holiday home or is a second home, i.e. a property which has no persons using it as their sole or main residence, you may be entitled to a reduction in your Council Tax.

Please tick here if you wish an application form

Alternatively, you can download an application form from our website – www.eastdunbarton.gov.uk Please return your completed forms with this form.

Please read the Declaration, Data Protection Statement and sign the form before returning

Declaration			
will notify the Coun failure to provide the	formation supplied on this form is true, complet cil within 21 days of any change in circumstanc is information is an offence which may make m ffence. I understand that to deliberately provide	es which may affect my lia e liable to an initial penalty	bility. I understand that of £50 and then £200 for
Signed		Date	

Data Protection Act 1998

The information provided on this form will be processed by East Dunbartonshire Council in accordance with the Data Protection Act 1998. The data you provide will be used for the purposes of assessing your Council Tax liability. Your information may be shared within East Dunbartonshire Council or with other councils and public sector agencies in order to verify its accuracy and to prevent and detect fraud.

Other Formats & Translations

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please contact the Council's Corporate Communications Team at 12 Strathkelvin Place, Kirkintilloch, G66 1TJ, tel 0300 123 4510

本文件可按要求翻譯成中文,如有此需要,請電 0300 123 4510。

اس دستادیز کادر خواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براہ مہر بانی فون نمبر 151 123 0300 پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫ਼ੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 123 4510

अनुरोध करने पर यह दस्तावेज हिन्दी में भाषांतरित किया जा सकता है । कृपया 0300 123 4510 पर फोन कीजिए ।

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