

Website:- www.glasgow.gov.uk/ct

Payment Line Number: - 0141-287-0300

Postal Address:-Financial Services PO Box 36 Glasgow G1 1JE

## COUNCIL TAX EXEMPTION - AN UNOCCUPIED PROPERTY OF A PERSON WHO PROVIDES PERSONAL CARE IN ANOTHER PROPERTY

In terms of schedules 2 and 11 of the Local Government Finance Act 1992, and the Council Tax (Exempt Dwellings) Scotland Order 1997 (as amended), a dwelling may be exempt from Council Tax (including the water and sewerage charges) if it falls within the category shown below.

## **UNOCCUPIED DWELLING:**

Which when last occupied was occupied by a person who now **provides** personal care, in another dwelling, to someone who requires it by reason of:

- a) Old age
- c) Illness
- e) Past or present drug dependence
- b) Disablement
- d) Past or present alcohol dependence
- f) Past or present mental disorder

**PROOF REQUIRED** (In some instances additional proof may be requested):

- Letter from the doctor of the person **receiving** the personal care confirming the situation
- Completion of Section 2 of the attached application by the person receiving personal care

Please complete the attached form, sign the declaration and return it to this office together with the supporting evidence requested and the completed Section 2 of the form.

## NOTE

The Council is under an obligation to manage public funds properly. Accordingly information that you provide will be used to ensure all sums due to the Council are paid timeously, e.g. by identifying persons who are non-payers of Council Tax and to improve uptake of benefits. The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purposes with public bodies, including neighbouring Councils or other organisations, which handle public funds.

Visit our Council Tax website to make an online payment, manage your account or check your balance: <a href="https://www.glasgow.gov.uk/ct">www.glasgow.gov.uk/ct</a>

## COUNCIL TAX EXEMPTION — AN UNOCCUPIED PROPERTY OF A PERSON WHO PROVIDES PERSONAL CARE IN ANOTHER PROPERTY

| SECTION 1 – TO BE COMPLETED BY THE PERSON                                                                                                                                 | I WHO <u>PROVIDES</u> PERSONAL CARE                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| I, (print name)                                                                                                                                                           | apply for exemption from Council Tax                                                                                                                   |
| due on the above property. I confirm I resided at/I am                                                                                                                    | still residing at                                                                                                                                      |
|                                                                                                                                                                           | to provide personal care to                                                                                                                            |
| from/_                                                                                                                                                                    | / to// (inclusive)                                                                                                                                     |
| My relationship to the person receiving care is                                                                                                                           |                                                                                                                                                        |
| The number of adults (including myself) usually reside                                                                                                                    | nt in <b>my own property</b> is                                                                                                                        |
| the details. If the property no longer meets the within 21 days. I understand that failure to do so is                                                                    | rect and authorise Glasgow City Council to check exemption requirements, I will notify the Council s an offence which may make me liable for a fine of |
| Signed                                                                                                                                                                    | Date/                                                                                                                                                  |
| Print name here                                                                                                                                                           |                                                                                                                                                        |
| Daytime telephone number                                                                                                                                                  |                                                                                                                                                        |
| If you are not the person <b>providing</b> the personal care                                                                                                              |                                                                                                                                                        |
| Please note that payment should not be withheld                                                                                                                           | pending the result of any Exemption/Discount application                                                                                               |
| SECTION 2 – TO BE COMPLETED BY THE PERSON                                                                                                                                 | N WHO <u>RECEIVES</u> PERSONAL CARE                                                                                                                    |
| I, (print name)                                                                                                                                                           |                                                                                                                                                        |
| residing at                                                                                                                                                               |                                                                                                                                                        |
| confirm that I received/am receiving personal care from In respect of one or more of the following qualifying co a) Old age c) Illness e) Past or present drug dependence |                                                                                                                                                        |
| My Council Tax reference is                                                                                                                                               | _                                                                                                                                                      |
|                                                                                                                                                                           | orise Glasgow City Council to check the details. If the property Council within 21 days. I understand that failure to do so is an                      |
| Signed                                                                                                                                                                    | Date/                                                                                                                                                  |
| Print name here                                                                                                                                                           |                                                                                                                                                        |
| If you are not the person <b>receiving</b> the personal care p                                                                                                            | olease state your relationship                                                                                                                         |