

**Class E – Care Home
Exemption Review Form**

The Council is required by law 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.

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:

Telephone 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:

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:				
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 property been occupied for any period of time:				
If 'yes' please provide details of all occupiers aged 18 years or over below:				
Title	Forename	Surname	Tenancy Start Date	
Have any of the occupiers lived in our borough previously:				
Please provide any contact details or previous addresses known for anyone 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*			Date	
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, 9 th Floor, Civic Centre, Southend on Sea, Essex SS2 6AN.				

***Electronic Signature Agreement. By putting a 'tick' in the box, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.**