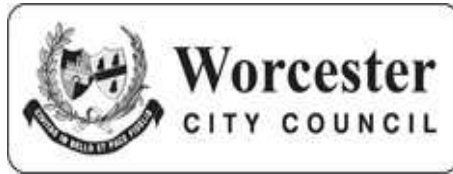




www.malvern hills.gov.uk



www.worcester.gov.uk



www.wychavon.gov.uk

### APPLICATION FOR SOLE OCCUPANT DISCOUNT

Please read the Guidance Notes overleaf before completing this form in BLOCK CAPITALS using BLACK INK. Please remember to SIGN THE DECLARATION OVERLEAF. If you are claiming this discount because a member of your household has died, only complete Section B

#### Section A

1. Full Name of Applicant:			
2. Address of Property for which discount is being claimed:			
3. Account Number if known:			
4. Are you the only adult occupier of the property?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5. Have you always been the sole adult occupant?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
6. From what date do you wish to claim Sole Occupancy Discount?			
7. Please list any residents who will become 18 years old within the next 12 months:			
<u>Title:</u>	<u>Full Name:</u>	<u>Date of Birth</u>	
If you have answered YES to Question 5 please sign and date the Declaration overleaf. If you have answered NO to Question 5 please answer the following questions.			
8. Full Name of the Person/s who have vacated:			
9. Relationship to You:			
10. Are they a joint tenant or owner?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
11. The exact date they vacated the property:	<u>Day</u>	<u>Month</u>	<u>Year</u>
12. Is this a permanent situation?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
13. Their full current residential address:			
14. Have they removed all their belongings?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
15. If you have answered YES to Question 12 please provide the date by which all their belongings were removed:			

## Section B

Only to be completed if a member of your household has died.

1. Full Name of Applicant:		
2. Address of Property for which discount is being claimed:		
3. Account Number if known:		
4. Are you the only adult occupier of the property?		YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Please list any residents who will become 18 years old within the next 12 months:		
<u>Title:</u>	<u>Full Name:</u>	<u>Date of Birth</u>
6. Full name of the person who has died:		
7. Date of death:		

DECLARATION: I declare that to the best of my knowledge and belief all the information I have given on this application is true and complete in all respects. I authorise the Council to make any enquiries they wish in order to verify the information provided. This may include matching the information you give with information held by other Local Authorities, Government Agencies or Credit Reference Agencies.

**I UNDERSTAND THAT GIVING FALSE INFORMATION MAY LEAD TO THE ISSUE OF A CIVIL PENALTY OR PROSECUTION UNDER THE THEFT ACT**

Signature \_\_\_\_\_ Full Name \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email address \_\_\_\_\_

### **Guidance Notes**

The Council Tax is charged on the basis that it is half property tax and half personal tax. The personal element is charged on the basis that there are two adults resident in the dwelling. Where there are fewer than two adults resident a discount applies. The discount allowable for single person households is 25%.

If you are applying for Sole Occupant Discount due to someone vacating your property the Council must be satisfied that your property is no longer their sole or main residence in order to grant the discount.

In order to process your application the Council may need to contact you for further information.

**PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:**

**South Worcestershire Revenues & Benefits Shared Services  
P.O. Box 11, Pershore, Worcestershire WR10 1PU  
Tel: 01905 822733 Email:revenues@swrbss.org**