Council Tax

**Provides or receives care exemption**

🕿 0300 300 0300 (Monday to Thursday 8.45am to 4.45pm, Friday 8.45am to 3.55pm)

🖰 council-tax.finit@renfrewshire.gov.uk

🖳 [www.renfrewshire.gov.uk](http://www.renfrewshire.gov.uk)

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| --- | --- | --- | --- |
|  | Name:  Address: |  | Subject address: |
|  | Reference: |  | Date: 01/10/2025 |

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| **Part 1 Guidance notes** |
| The undernoted category of houses are exempt from Council Tax in terms of the Council Tax (Exempt Dwellings) (Scotland) Order 1992 (as amended). The Order provides for the exemption to be applied for an unlimited period unless stated otherwise.  Please supply the details requested, sign the declaration and return this form together with the necessary supporting evidence, to the address shown overleaf. |

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| **Part 2 Contact details** | | | |
| Daytime phone number |  | Mobile phone number |  |
| Email address |  | | |

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| **Part 3 Qualifying conditions** |
| Unoccupied house which when last occupied, was occupied by a person who either provides OR receives personal care by reason of (please tick appropriate box below): |
| 1. Old age |
| 2. Disablement |
| 3. Illness |
| 4. Past or present alcohol dependence |
| 5. Past or present drug dependence |
| 6. Past or present mental disorder |
| I consider exemption should apply from (enter date): \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |

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| **For office use only** | |
| \*CTEX\* | \*\* |

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| **Part 4 To be completed by a liable person** |
| I apply for exemption on the basis that the person named below meets the qualifying conditions |
| Name of person receiving care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The number of adults (including the above named) usually resident in the house is: \_\_\_\_ |

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| **Part 5 To be completed by hospital or home** |
| I can confirm that the above named person was admitted  to this establishment on the following date (enter date): \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |
| Expected discharge date (enter date if known): \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |
| They receive the following care/treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Part 6 Hospital/Home/Doctor stamp** | | |
| Signed |  | STAMP |
| Position |  |
| Date |  |

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| **Part 7 Declaration** | |
| I declare that the information on this form is true and complete and I authorise Renfrewshire Council to verify the details. If discount status no longer applies to this property I undertake to notify Renfrewshire Council within 21 days of this occurring. I understand that failure to provide this information is an offence which may make me liable for an initial fine of £50 and £200 for each subsequent offence. | |
| Data protection Act 1998: The information provided by you on this form will be used to update council tax records. The Council may check the information provided by you with other information held. The information may need to be shared with other Council departments to check the accuracy of the information; to prevent or detect fraud or crime or to protect public funds. No other disclosures will be made unless the law permits this disclosure. | |
| Signature | Date |

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| **Please return all correspondence to:**  Director of Finance & Resources, Council Tax Section, Renfrewshire Council,  Renfrewshire House, Cotton Street, Paisley, PA1 1AD |