

**COUNCIL TAX –
COMMENCEMENT OF OCCUPATION FORM**

Charnwood Borough Council, Council Tax Dept
PO Box 184, Erith, DA8 9EU
Tel: 01509 634807 Fax: 01509 634880
Email: Charnwood.counciltax@secure.capita.co.uk



W. Robinson, Revenues Manager

Account No.:	Property Reference:	Date:
		05/10/2011

Page 1 of this form constitutes a notice under Regulation 3 of the Council Tax (Administration & Enforcement) Regulations 1992 (SI 1992 No. 613) and as such you are required to supply the information requested within 21 days of this notice. Failure to do so could lead to a penalty of £50. **Please read the declaration below then complete, sign and return the form to Charnwood Borough Council, Council Tax Dept, PO Box 184, Erith, DA8 9EU.**

Property Address	
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Name(s) of liable person(s): please list all persons jointly liable and indicate which description best describes them.

Title	Forenames	Surname	Please tick the most appropriate box	
			Owner Occupier <input type="checkbox"/>	Tenant <input type="checkbox"/>
			Other Resident <input type="checkbox"/>	
			Owner Occupier <input type="checkbox"/>	Tenant <input type="checkbox"/>
			Other Resident <input type="checkbox"/>	
			Owner Occupier <input type="checkbox"/>	Tenant <input type="checkbox"/>
			Other Resident <input type="checkbox"/>	
			Owner Occupier <input type="checkbox"/>	Tenant <input type="checkbox"/>
			Other Resident <input type="checkbox"/>	
Is property rented or owned?	<input type="checkbox"/> Owned <input type="checkbox"/> Rented		Date of purchase/start of tenancy	
Is property occupied	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Occupation	
If rented, let furnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date furnished (purchase or rental)	
If rented please provide landlord's name and address and Agent's details (if used)				
Please provide your previous address			Were you liable for Council Tax at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate preferred payment method and complete and return enclosed Direct Debit instruction if applicable		<input type="checkbox"/> Direct Debit - payable 3 rd or 25 th monthly		
		<input type="checkbox"/> Other – payable 1 st monthly		
DECLARATION:				
I declare that the information given above is correct to the best of my knowledge.				
Signature		Date:		
		Phone (day):		
Full Name		Phone (evening):		

**COUNCIL TAX
COMMENCEMENT OF OCCUPATION FORM**



Additional Supplement re Discount

Name and Address:	
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YOU DO NOT NEED TO COMPLETE THE REMAINING PARTS OF THIS FORM, BUT DOING SO MAY SPEED UP THE AWARD OF DISCOUNT, EXEMPTION OR DISABILITY BAND REDUCTION.

How many people (including yourself) aged 18 or over live in the dwelling?	
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If the answer to the above is 1, please read and sign the following declaration.

I certify that I am the only person aged 18 or over resident at the above address and as such claim 25% Sole Occupancy Discount from the Council Tax. I undertake to advise the Revenues Manager within 21 days should the number of persons resident in the property increase. I understand that it is a criminal offence to receive discount to which I am not entitled and also understand that it is an offence to give false information. The latter could make me liable for a penalty of £50 for a first offence and £200 for each subsequent offence.

Signature		Date	
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If you have signed the above declaration to apply for Sole Occupancy Discount, please indicate the total number of residents aged 16 or 17 and, if appropriate, give full details below.	
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Title	Forename(s)	Surname	Date of Birth	Title	Forename(s)	Surname	Date of Birth

Please indicate number of persons aged 18 or over who normally live in the dwelling and fall in each of the following categories.

	Apprentice		Religious Community Member		Resident patient in home/hospital/hotel		Student Nurse
	Care Worker		Member of visiting Force		School Leaver		YTS Trainee
	In Detention		Non British Student Spouse		Severely Mentally Impaired		Student
	Member of International HQ/Defence Org				Over 18 yrs old & Child Benefit still payable		

If the result of deducting the total number of residents within the above categories from the total number of residents aged 18 or over is less than 2, you may qualify for a discount. A further form will be sent to you if appropriate.

DISABILITY BAND REDUCTION - Please tick the box if a person with a disability lives at your home and your home has had to be adapted to provide additional facilities for that person or he/she uses a wheelchair indoors.
A further form will then be sent.

EXEMPTION – A form will be sent if appropriate information given below; if your property is unoccupied please tick if,

<input type="checkbox"/> Part of deceased person's estate	<input type="checkbox"/> Owned by Charitable organisation	<input type="checkbox"/> Occupation prohibited by law	<input type="checkbox"/> Repossessed
<input type="checkbox"/> Liable person is a student	<input type="checkbox"/> A pitch of mooring	<input type="checkbox"/> Liable person is a trustee in bankruptcy	
<input type="checkbox"/> Liable person provides care elsewhere	<input type="checkbox"/> Unfurnished & in need of/undergoing major repair works or structural alterations	<input type="checkbox"/> The liable person is receiving care elsewhere (not home or hospital)	
<input type="checkbox"/> Unfurnished – please provide date furniture was removed			



This guarantee should be detached and retained by the payer
The Direct Debit Guarantee



- ◆ This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- ◆ If there are any changes to the amount, date or frequency of your Direct Debit Charnwood Borough Council will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Charnwood Borough Council to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- ◆ If an error is made in the payment of your Direct Debit, by Charnwood Borough Council or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society-If you receive a refund you are not entitled to, you must pay it back when Charnwood Borough Council asks you to.
- ◆ You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Please fill in all shaded areas below and overleaf where applicable, cut along the line above and retain the guarantee for your information. Return the whole of this portion of the form to Charnwood Borough Council. The information you give in the first section is for use by Charnwood Borough Council only and is not part of the Instruction to your Bank or Building Society.

Your name and address

Address of property to which Council Tax relates

Please tick preferred monthly payment date:

3rd	<input type="checkbox"/>
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25th	<input type="checkbox"/>
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Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in all shaded areas below and send the form to: Charnwood Borough Council, Council Tax Dept, PO Box 184, Erith, DA8 9EU.



Name and full postal address of your Bank or Building Society

To the Manager Bank / Building Society

Address

Originator's Identification Number

8	5	8	3	1	6
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Instruction to your Bank or Building Society

Please pay Charnwood Borough Council Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Charnwood Borough Council and, if so, details will be passed electronically to my Bank/Building Society

Name(s) of Bank Account Holder(s)

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Reference / Council Tax Number (office use only)

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Bank/Building Society Account Number

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Bank Sort Code

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Signature(s):	
Date:	
Phone No (day)	

**Banks and Building Societies may not accept Direct Debit Instructions for some types of account.
P.T.O**

Third Party Instructions

To be read and completed by the person to whom this form was issued:

If payments are to be claimed from a bank account held by someone other than the person liable to pay Council Tax (to whom this form was issued), the council will send a copy of any bills issued on the Council Tax account overleaf to the bank account holder. This is necessary in order to advise them of the amounts and dates of payments to be claimed from their bank account. Please show the address of the bank account holder for this purpose, and confirm that you understand that copy bills will be sent to them. If this information is not given, I will be unable to implement the Direct Debit Instruction

Bank Account Holder's name and address:

I understand that a copy of my Council Tax bills will be sent to the person named above, from whose bank account payments will be claimed.

Signed:

Date: