

**MOVING(ED) FROM A PROPERTY IN THE BOROUGH  
TO ANOTHER PROPERTY IN THE BOROUGH**

To be completed if you are a Council Tax payer and are moving (have moved) from an address within the Borough to another address within the Borough where you are/will be the Council Tax payer.

**Data Protection** - We are asking for the following information in accordance with the provisions of the Council Tax (Administration & Enforcement) Regulations 1992 (Reg.3) and the Data Protection Act 1998, S.29. It will be used to help us determine your liability for and collect your Council Tax. It may be shared with other Sections of this Council, with other Councils and with other public bodies to determine eligibility for Housing Benefit, liability for Council Tax, to collect Council Tax, to assess and collect other Taxes and Duties, to help detect and prevent fraud, to help detect and prevent crime and to carry out public duties.

1. Full address of property you have left (are leaving)

2. Your Council Tax Reference (10 digit number beginning 22 on bill)	
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3. Full address of property you have left (are leaving)

4. Exact date of leaving	
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5. Reason for leaving, please tick :

- **Property sold**
- **Tenancy ended**
- **Other**

3(i)

Exact date of sale:

Exact date of ending:

Please clarify reason in 7 below

**6) IF SOLD**

Full names of purchasers

Full name, address, telephone number and reference of your solicitors  
(this may be used to resolve any queries about the date of sale and full names of the purchasers)

**7) IF TENANCY ENDED**

**Date Tenancy ended:**

Landlord's name, address and telephone number

Name

Address

Post Code

Tel. No:

Managing Agent's name, address and telephone number

Name

Address

Post Code

Tel. No:

New Tenant's name(s) *(if known)*

**8) IF OTHER REASON FOR LEAVING** (please clarify)

9) Full Names of all persons over 16 leaving including yourself

10) Full Names of any persons over 16 who are remaining in the property *(if applicable)*

**11) Other Information**

Please give any other information you feel might be relevant:

12) Full address of property you have moved into or are about to move into

**13. OWNERS**

Exact date of completion of purchase	
Exact date occupation	

FULL NAME(S) AND PREVIOUS ADDRESSES OF ALL PURCHASERS	
Name:	
Previous Address:	
Name:	
Previous Address:	
Name:	
Previous Address:	
Name:	
Previous address	

**14. TENANTS**

Date Tenancy started					
Exact date of occupation					
Term of Tenancy <i>(select one of the following)</i>	6 months		1 year		Other <i>(Please specify)</i>

FULL NAME(S) AND PREVIOUS ADDRESSES OF ALL TENANTS	
Name:	
Previous Address:	
Name:	
Previous Address:	

## 15. Who is in occupation?

Please give full names and status of all persons over 16 who are/will be resident in the property (attached separate sheet if necessary).

FULL NAME	RELATIONSHIPS (To each other)*	STATUS **	Date of Birth ***

\* P = Married or unmarried partners, S = Living alone, C = Offspring of an adult resident O = other

\*\* Choose from the following:

RF = Resident Freeholder

RL = Resident Leaseholder

RT = Resident Tenant (i.e. paying rent)

RC = Resident Licensee (e.g. some occupants of "tied" properties)

R = Other type of resident (e.g. lodger)

\*\*\* Enter Date of Birth of any resident who is aged 16 or 17.

**The above information is necessary to ensure that we have the right person(s) as the Council Tax payer.**

## 16. DISCOUNTS

You may claim a 25% discount **if there is only one adult resident**. Please Tick below.

I am the only adult resident & am claiming a discount

Various residents are "disregarded" i.e. treated as if not resident ( see below). If you feel any might apply to you or another resident please indicate below in the "other information" box and we will send you further information.

### Categories of "Disregarded" or Exempt people

1. Persons detained in prison
2. The severely mentally impaired.
3. Persons over 18 years old but in respect of whom Child Benefit is still payable.
4. Students.
5. Student Nurses.
6. Apprentices.
7. Youth Training Trainees.
8. Patients who have their sole or main residence in hospital.
9. Patients receiving care in a residential care home, nursing home, mental nursing home or hostel.
10. Care workers providing care in another property.
11. Persons of no fixed abode staying in a hostel.
12. Persons in one of these categories,
  - A. International Headquarters and defence organisations.
  - B. Religious communities.
  - C. Former school students whose course ended after 30th April, for the period from 1st May to the following 31st October
  - D. Visiting Forces Personnel and their dependants.

### 17) Other Information

Please give any other information you feel might be relevant to your Council Tax registration.


### 18) How do you want to pay?

- Direct Debit. Please complete form, sign it and send it to this office along with this form.
- Standing Order (will be sent with bill)
- Cash or Cheque by post or at Council offices.
- At a bank or Post Office

### 19) Declaration

The information I have given is true and accurate. I understand that it is a criminal offence to supply false information to obtain a monetary advantage and I may be prosecuted if I have done so.

Full name of person completing this form: \_\_\_\_\_

If you are completing this form for someone indicate capacity in which you do so. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tel. No. we can reach you on if we have any queries about this form: \_\_\_\_\_