

COUNCIL TAX CHANGE OF CIRCUMSTANCES

NAME : ADDRESS :
PROPERTY REF :

YOUR TELEPHONE NO :

YOUR EMAIL ADDRESS :

The Arc,
High Street,
Clowne,
Chesterfield,
Derbyshire S43 4JY
Fax: (01246) 242423
Direct Line: (01246) 242440
(FOR COUNCIL TAX ENQUIRIES ONLY)
Email: revenues@bolsover.gov.uk

FOR CONTACT CENTRE USE ONLY
COMPLETED / CHECKED BY: (PRINTED NAME)
DATE:

- HAVE YOU MOVED HOUSE? COMPLETE SECTION 1
- DO YOU QUALIFY FOR A DISCOUNT DISREGARD?
COMPLETE SECTION 2
- HAS SOMEONE PASSED AWAY? COMPLETE SECTION 3
- DO YOU LIVE ALONE? COMPLETE SECTION 4
- HAS SOMEONE MOVED IN WITH YOU? COMPLETE SECTION 5
- ANY OTHER CHANGES? eg. CHANGE OF NAME, CHANGE IN
METHOD OF PAYMENT. COMPLETE SECTION 6

IF YOU MOVE OR ANY DETAILS CHANGE WHICH MAY AFFECT YOUR COUNCIL TAX LIABILITY, YOU ARE REQUIRED BY LAW TO NOTIFY THE COUNCIL. PLEASE COMPLETE YOUR NAME AND ADDRESS ABOVE AND THE RELEVANT SECTION OF THE FORM BEFORE RETURNING IT TO THE COUNCIL TAX SECTION.

SECTION I : HAVE YOU MOVED HOUSE?

a) Your OLD address :

b) Full name(s) of person(s) vacating :

c) Were you the tenant? or owner? (please tick)

d) If the tenant, date tenancy terminated : _____

Name and address of owner / landlord :

e) If the owner, has the property been sold?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(please tick)

If yes, date sale completed : _____

New owners name and address :
If unknown, please provide the name
and address of your estate agent.

f) Date you moved out : _____

g) Date furniture was removed : _____

h) Your NEW address :

i) Date you moved into your new address : _____

j) Are you the tenant or owner (please tick)

k) If the tenant, date tenancy began : _____

Name and address of owner / landlord :

l) If the owner, date purchase completed : _____

SIGNED :

DATE :

SECTION 2 : DO YOU QUALIFY FOR A DISCOUNT DISREGARD?

If someone in your home falls into one of the categories below you may qualify for a discount. However, further details will be required; the relevant application form will be sent to you.

Please indicate how many people live in your household aged 18 years or over

Please tick the category which applies:

- a) Prisoner
- b) Severely Mentally Impaired.....
- c) 18 and 19 year olds in further education.....
- d) Students / Student Nurses.....
- e) Apprentices / YTTS.....
- f) Hospital patients / patients in nursing/ care homes.....
- g) Carers.....

SIGNED : DATE :

SECTION 3 : NOTIFICATION OF DECEASED PERSON?

a) Name _____ b) Date of death _____

c) Next of kin's name and address :

d) Is the property still occupied? YES NO (please tick)

e) If yes, name(s) of occupier(s) : _____

f) Number of occupiers :

g) Name and address of owner of property:

h) Date of Probate : _____

SIGNED : DATE :

(N.B. Please enclose a copy of the death certificate.)

SECTION 4 : DO YOU LIVE ALONE?

If you are the only resident aged 18 years or over you may claim 25% discount .

a) Has someone moved out of your home?

YES		NO	
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 (please tick)

b) If yes, name of person vacating : _____

Date they moved out : _____

Their forwarding address :

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c) Date you are claiming single occupier discount : _____

d) Names and date of birth of any resident aged 16 or 17 years old : _____

DECLARATION : I confirm I am the sole adult resident aged 18 years or over.
I will inform the Council Tax Section should my circumstances change .

SIGNED :

DATE :

SECTION 5 : HAS SOMEONE MOVED INTO YOUR HOME?

a) Name of person(s) moving in : _____

b) Relationship to liable person: _____

c) Their previous address :

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d) Date they moved in : _____

SIGNED :

DATE :

SECTION 6 : OTHER

Please give details of any other changes which may affect your Council Tax liability.

Details of change :

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Date change occurred : _____

SIGNED :

DATE :

N.B. All personal information provided to Bolsover District Council will be held and treated in confidence in accordance with the Data Protection Act 1998. Certain information may be shared with other council departments, third party organisations and for the prevention of fraud.