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**WOKINGHAM**  
**BOROUGH COUNCIL**

## **COUNCIL TAX EXEMPTION FOR THOSE RECEIVING CARE**

Exemption is given to an unoccupied dwelling where those who would be liable (Council Taxpayer) and whose place of residence it was, are living permanently elsewhere for the purpose of receiving required care.

In order for the application to be considered, this form must be completed by the person who would be liable for the tax, and returned to the Council Tax Office at the address shown below.

If you have any query about the form, or require any assistance to complete it, please do not hesitate to contact this office on the above number.

### **APPLICATION FOR COUNCIL TAX EXEMPTION FOR THOSE RECEIVING CARE**

1. Name of person completing the form: \_\_\_\_\_
2. Relationship to person receiving care: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_
4. Address exemption applied for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Name of person receiving care: \_\_\_\_\_
6. Address where receiving care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Name of person providing care: \_\_\_\_\_
8. Relationship to person providing care (not applicable if in a residential care home) \_\_\_\_\_

9. Date care commenced \_\_\_\_\_

10 Reason care required

Please tick where relevant

old age

illness

disablement

past or present alcohol/drug dependence

past or present mental disorder


### DECLARATION

I declare that the information stated on this form is true and accurate to the best of my knowledge and belief.

I agree to notify the Council Tax Office immediately should the information given on this form change in any way.

Signed .....

Date .....

Print name in full .....  
.....

Capacity in which signed

Address

.....

**Please return this form to: The Revenues Section, Wokingham Borough Council, PO Box 152, Shute End, Wokingham, Berkshire, RG40 1WJ**

# Appointee Form

Please complete this form if you would like a third party (appointee) to deal with your Council Tax on your behalf. This means your appointee will be contacted direct about your Council Tax and will be responsible for reporting any changes in your circumstances that may affect your tax liability.

1) Chargepayer(s) Name:	
2) Chargepayer(s) Account Number:	
3) Chargepayer(s) Address:	
4) Appointee Name:	
5) Appointee Telephone Number:	
6) Appointee Address:	
7) Postal Address to be used	Chargepayer Yes No Appointee Yes No

## DECLARATION

### Chargepayer

I authorise the above named appointee to act on my behalf. My appointee can deal with all matters relating to my Council Tax.

I understand my appointee is responsible for providing any information needed in respect of their Council Tax Liability. My appointee will also be responsible for reporting any changes in my circumstances.

### Appointee

I agree to act as appointee on behalf of the above named claimant. I agree to provide all the information needed in respect of their Council Tax Liability and notify the authority about any changes in their circumstances. I understand that details of Council Benefit Liability will be sent to me.

Signed Chargepayer		Date;	
Signed Appointee		Date;	

Please return this form to: The Revenues Section, Wokingham Borough Council, P. O. Box 152, Council Offices, Shute End, Wokingham. RG40 1WJ.