

COUNCIL TAX EXEMPTION APPLICATION FORM - ANNEXE

Council Tax Account Reference Number	
Address of Principal Property	
Address of Annexe	
Name(s) of the occupier(s) of the Principal Property	
Name(s) of the occupier(s) of the Annexe (the dependent relative)	
Relationship of the dependent relative	
Date of Occupation	
Nature of dependence (please circle appropriately)	<p>(a) Aged 65 years or over</p> <p>(b) Severely Mentally Impaired</p> <p>(c) Substantially or permanently disabled</p>
If (a) has been circled, please give the dependent relative's date(s) of birth	
If (b) or (c) have been circled please give details of the impairment or disability, and provide supporting documentary evidence such as a copy of his/her benefit book or letter of entitlement to benefit from the DWP	
Does the annexe have its own electricity and water bills or are they shared with the principal property?	

DECLARATION

I declare that the information given on the form is complete and accurate to the best of my knowledge. **REMEMBER, if you give false information, you may be prosecuted.**

Please return form to: Horsham Revenues and Benefits, PO Box 10745, Nottingham, NG6 6ED

Full Name (BLOCK CAPITALS)	
Signature	
Date	
Telephone	