



COUNCIL TAX EXEMPTION APPLICATION FORM – ESTATE OF A DECEASED PERSON

DETAILS OF DECEASED PERSON

DETAILS OF PROBATE OR LETTERS OF ADMINISTRATION

First Name/s	
Last Name	
Date of Death	
Address	
Has probate or letters of administration been granted?	YES / NO
If yes, date granted	
Name and address of personal representative of the estate	
Representative Telephone number	

DETAILS OF THE PROPERTY

Is the property occupied	YES / NO
If YES, please supply the full names of	
the occupiers	
Is the property furnished	YES / NO
If NO, date furniture was removed	
If the deceased person was the owner	
Is the property for sale or sold?	YES / NO
If sold or transferred, please give the completion	
date of sale or transfer	
Name and previous address of new owners (if	
known)	
Contact address for acting solicitor (if known)	
If the deceased waves yours yo	t the cale assumes of the management.
If the deceased person was not the sole owner of the property	
Name and address of the owner/joint owner/other financially interested party (e.g.	
released under a Mortgage or Reversion	
Scheme)	
Scheme)	
Date tenancy terminated	
Date the estate's liability for rent or licence	
fee terminated	
Date joint ownership commenced	
Address where future correspondence should be	
sent	

DECLARATION AND SIGNATURE

I declare that the information I have given on this form is complete and accurate to the best of my knowledge. *Please note: This information may be shared in accordance with the Council's registration under the Data Protection Act 1998, and deliberately providing false information may lead to prosecution.*

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Full name (BLOCK CAPITALS)	
Signature	
Date	
Contact Telephone Number	
Email Address	

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