

## COUNCIL TAX EXEMPTION APPLICATION FORM – ALL RESIDENTS UNDER THE AGE OF 18

Council Tax Account Reference Number	
Property Address	
Please give the exact date the tenancy started	
Are all the residents under the age of 18	YES / NO
Please give the names and date of birth for	
all residents	
Have any other adults lived in the	YES / NO
Have any other adults lived in the property during the tenancy?	YES / NO
•	YES / NO
property during the tenancy?	YES / NO
property during the tenancy?  If <b>YES</b> , please give the names of these	YES / NO
property during the tenancy?  If <b>YES</b> , please give the names of these residents together with the date they moved	YES / NO
property during the tenancy?  If <b>YES</b> , please give the names of these residents together with the date they moved in, and the date they moved out (Please	YES / NO
property during the tenancy?  If YES, please give the names of these residents together with the date they moved in, and the date they moved out (Please continue on a separate sheet if necessary)	YES / NO
property during the tenancy?  If YES, please give the names of these residents together with the date they moved in, and the date they moved out (Please continue on a separate sheet if necessary)  Please provide the name and address of	YES / NO
property during the tenancy?  If YES, please give the names of these residents together with the date they moved in, and the date they moved out (Please continue on a separate sheet if necessary)  Please provide the name and address of	YES / NO
property during the tenancy?  If YES, please give the names of these residents together with the date they moved in, and the date they moved out (Please continue on a separate sheet if necessary)  Please provide the name and address of	YES / NO

## **DECLARATION**

I declare that the information given on this form is complete and accurate to the best of my knowledge.

## REMEMBER, if you give false information, you may be prosecuted.

In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations that handle public funds.

Full Name (BLOCK CAPITALS)	
Signature	
Date	
Telephone	

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

Information will only be used by Horsham District Council and its employees in accordance with the Data Protection Act 1998. Horsham District Council will not supply information to any other organisation or individual except to the extent permitted by the Data Protection Act and which is required or permitted by law in carrying out any of its proper functions.