

Shetland Islands Council



Revenues
8 North Ness Business Park
Lerwick
ZE1 0LZ
01595 744683

local.taxation@shetland.gov.uk

Council Tax Exemption for persons who are living elsewhere to receive or provide care.

An unoccupied dwelling is exempt indefinitely if it was last occupied as the sole or main residence of someone who continues to be liable for council tax, and since the last day of occupation they are;

- receiving personal care elsewhere because of their old age, disablement, illness, past or present alcohol or drug dependence, or past or present mental illness or disorder; or
- providing personal care elsewhere to someone who needs it because of old age, disablement, illness, past or present alcohol or drug dependence, or past or present mental illness/disorder.

Please note that a letter will be required from a GP or Social Work, confirming the situation. Any period of occupation of less than six weeks is disregarded for council tax purposes.

Council Tax Exemption/Discount:

- If you have moved in with someone in order to provide personal care, leaving your home unoccupied, you will receive a council tax exemption at your home address, whilst the conditions apply.
- If you have moved in with someone in order for them to provide personal care to yourself, leaving your home unoccupied, you will receive a council tax exemption at your home address, whilst the conditions apply.

Application form for Exemption – Property unoccupied as living elsewhere to receive or provide care

PART A: Personal information

Full name of person applying for exemption:

Council Tax Account Number:

Date of Birth:

Address to be exempt as no longer occupied:

Postcode:

Total number of adults (residents over the age of 18) who previously lived at this address:

Please confirm the owner(s) of the above property:

Address you have moved to, to receive / provide care:

Postcode:

Date you moved to receive/provide care:	End date of care period (if applicable):
<input type="text"/>	<input type="text"/>

Is this arrangement expected to be on a long-term basis:

Yes

No

If the above address is a local authority care home, please skip to Part C.

Complete the following in relation to the occupancy at the address where care is being provided:

Details of cared for person:

Name	DOB	Diagnosis

Details of carer(s)

Name	Relationship to cared for person

Name(s) of any other adult residents at the address:

--

Please use this box to provide any other relevant information:

--

PART B: Confirmation of care being provided

We may look for confirmation of the level of care being provided. Please indicate below how you are happy for confirmation to be gained:

Confirmation from Local Authority Social Work / Social Care Work. Please provide contact name of Keyworker below	<input type="checkbox"/>
Letter from a GP to confirm that the cared for person requires care for a minimum of 35 hours per week. Please enclose letter.	<input type="checkbox"/>
Other. Please state below what alternative confirmation you believe to be relevant and enclose a copy.	<input type="checkbox"/>

PART C: Applicant's declaration

I accept responsibility for the information given in this form, and declare that it is true and accurate to the best of my knowledge and belief.

I authorise the council to make any enquiries it considers necessary to verify the details of this claim.

I undertake to notify Shetland Islands Council Local Taxation Team immediately if circumstances or the occupancy of the dwellings change.

Applicant's signature:	Date:

Contact Telephone Number:	Contact Email Address:

Would you like to receive your council tax bills electronically to the above email address?

Yes No

If you are completing the form on behalf of the applicant, please provide your details:

Name / signature:	Date:

Contact Telephone Number:	Relationship to applicant:

When you have completed this form, please post to the address on page 1 of the application form. **Please include confirmation of care provided in Part B.**