



**REVENUE SERVICES**  
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INVESTOR IN PEOPLE



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## COUNCIL TAX – DISCOUNT APPLICATION – SECOND HOME

### Qualifying Criteria

A Second home is a property that is furnished and is nobody's main home. For a discount to be considered you must complete this questionnaire, sign the declaration and return to the Council Tax Section.

## SOLE OR MAIN RESIDENCE QUESTIONNAIRE

Address (home 1)


Who owns the property named above?

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Is the property owned outright?

YES  NO

If you owned the property prior to 1 April 2000, did you receive MIRAS (Mortgage Interest Relief)

YES  NO

If not owned, do you rent the property?

YES  NO

If rented, what type of tenancy do you have?

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Who owns the furniture in the property?

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What is your overseas/other address (Home 2)?


Do you either:

a) own this house

b) rent this house

c) is it employer provided accommodation

If you live at Home 2 because of your employment, are you on

a) Fixed term contract

b) Permanent contract

Who owns the furniture in this home?

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How much time do you spend at each address?	Home 1	<input type="text"/>	Home 2	<input type="text"/>
Which address do you spend your holidays, such as Xmas/Annual leave?	Home 1	<input type="checkbox"/>	Home 2	<input type="checkbox"/>
Where do you receive most of your post?	Home 1	<input type="checkbox"/>	Home 2	<input type="checkbox"/>
Where are you registered for medical/dental purposes?	Home 1	<input type="checkbox"/>	Home 2	<input type="checkbox"/>
Where do you keep most of your possessions?	Home 1	<input type="checkbox"/>	Home 2	<input type="checkbox"/>
Do you have any children?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you do, where do they live, and where do they go to school?

<i>Home Address</i>	<i>School Address</i>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Which property do you consider your main home?	Home 1	<input type="checkbox"/>	Home 2	<input type="checkbox"/>
Where would you live were it not for the requirements of your employment ?	Home 1	<input type="checkbox"/>	Home 2	<input type="checkbox"/>
Do you intend to return to this address at some future date	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you retained membership of any clubs/recreational facilities?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**PLEASE NOTE:** The information supplied on this form will be used for the purpose(s) for which you have supplied it, and, where appropriate, will also be used by the Council in carrying out its various functions effectively. It will not be shared with other organisations unless we are required to do so by law. However the Council will always use or share information for the prevention or detection of crime, or the apprehension or prosecution of offenders

**I declare that the information I have given is correct to the best of my knowledge.**

<i>Name:</i>	<i>Signature:</i>	<i>Date:</i>
Please provide contact Telephone numbers and E-mail address		
Daytime	Evening	Mobile
E-mail address		