



## Revenues and Support Services

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### EXEMPTION APPLICATION    Annexe occupied by dependent relatives CLASS W

Name & Address_____	Address of Property_____
_____	_____
_____	_____
_____	_____

Since 1 April 1997 there has been an exemption class for dwellings, which are the sole or main residence of someone who is dependent on a relative living in a separate unit within a single property. 'Dependent' and 'Relative' are clearly defined and a person must fulfill both criteria before we can grant the exemption.

#### 'Dependent' means

- a) Aged 65 years or more, or,
- b) Severely mentally impaired (he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent), or,
- c) Substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise).

#### 'Relative' means

- a) He is the spouse of that person, or
  - b) He is that person's parent, child, grandparent, grandchild, brother, sister, uncle or aunt, nephew or niece, great-grandparent, great-grandchild, great-uncle, great-aunt, great-nephew or great-niece, or
  - c) He is that person's great-great-grandparent, great-great-grandchild, great-great-uncle, great-great-aunt, great-great-nephew or great-great-niece;
- i) *A relationship by marriage shall be treated as a relationship by blood,*
  - ii) *A relationship between a man and woman living together as husband and wife shall be treated as a relationship by marriage, and*
  - iii) *The stepchild of a person shall be treated as his child.*

If you feel you are a 'dependent relative' and would qualify for the exemption please complete and return the claim form to the Council Tax Billing Section. If you would like any more help or information regarding this matter please telephone Direct Dial number 01508 533633 Council Tax.

## **Use of information**

The Council will use any information that is lawfully available to it to help us enforce payment of any Council Tax due, and to aid in the prevention and detection of fraud. We will use the data that we have for carrying out any functions of the Council so far as is reasonable and lawful to do so.

## **You must tell us if your circumstances change within 21 days**

Such as, moving house, entitlement to discount, and/or any of the adults who live at your property move out, or new people move in. Failure to tell us may result in a £50.00 fine.

If you would like to view your account online via the Internet and/or receive your bill electronically, simply follow the links on the council's website

**Council Tax Exemption – Class W  
Annexes occupied by dependent relatives**

**SECTION 1**

Please give the address of your relative(s) who look after you.  
(Your address should form part of this property, i.e. be an annexe to it).


Listed on the first page are the definitions of 'dependent' and 'relative'. Please state what your relationship is to the occupier of the other part of the property.

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**With regard to the definition of 'dependent' overleaf, please tick which box applies to you.**

a) I am over 65 years old,  
**Please supply evidence of your date of birth** (i.e. a photocopy of your birth certificate)

If you currently receive Council Tax benefit and would allow us to use the information already supplied by you regarding your age, please tick this box and sign your name below

Signed

**or**  
b) The dependent person is severely mentally impaired  
**Please ask your doctor to sign the certificate overleaf**

**or**  
c) The dependent person is substantially and permanently disabled  
**Please ask your doctor to sign the certificate overleaf**

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

Name: ..... Signature ..... Date .....

Daytime ..... Evening ..... Mobile .....

Email .....

Please complete Section 2 if you have ticked (b) or (c) in Section 1

**SECTION 2**

To.


Please complete with your doctors name and address

For:

Name and address of person claiming the Council Tax exemption

**Please now send this form to your doctor to complete.**

**TO THE DOCTOR:**

**Council Tax: Exemption for annexes occupied by dependent relatives.**

I am applying to South Norfolk Council for an Exemption from Council Tax.

Please can you tick box A or B below

**Please tick**

**A**      I confirm the person named above is severely mentally impaired (he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent)

or

**B**      I confirm the person named above is substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise).

Signed:	Print Name	Occupation
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**Please return this form in the envelope provided to the Council Tax Billing Section**

