

Ref:

Date:

**You are legally obliged to complete this form, and return it within 21 days from the date shown**

## COUNCIL TAX - TENANTS CHANGE OF CIRCUMSTANCES FORM

**Please use this form to tell us about a change of address**

Full names of adults moving

Address you are moving from

State your landlords name and address

Date moved out \_\_\_\_\_

Date tenancy ends \_\_\_\_\_

Was there a tenancy agreement \_\_\_\_\_

Has property been left furnished \_\_\_\_\_

Where are you moving to

Have you bought this property \_\_\_\_\_

Completion date of sale \_\_\_\_\_

Who have you bought the property from  
State their names and forwarding address

If a tenant state your landlords name and address

What date did your tenancy begin \_\_\_\_\_

Date of moving in \_\_\_\_\_

Is the property furnished \_\_\_\_\_

Have you a tenancy agreement \_\_\_\_\_

Is this property your main home \_\_\_\_\_

For how long is your tenancy \_\_\_\_\_

Do you rent the whole house or just one room \_\_\_\_\_

If this property is not your main home,  
give your home address

How many adults over 18 live with you \_\_\_\_\_

Please state their names, and whether they are the tenant, leaseholder, licensee, your spouse, partner, or co-owner

<u>Names</u>	<u>Status</u>

If you require a discount form because one of the residents in your property is in a class described below, please tick the appropriate box.

Apprentice       Student nurse       Has an enduring mental illness

Carer       YTS trainee       Student over 18

Is anyone in your home a Minister of religion \_\_\_\_\_

Is anyone in your home permanently disabled \_\_\_\_\_

Do you require a Benefit Claim Form \_\_\_\_\_

Do you wish to pay by Direct Debit \_\_\_\_\_

We need to know if any of the following changes have affected your household recently. Please tell us if someone has:

Gone into a care home  (give details below)      Turned 18

Married  (give maiden name below)      Died

State their names, the date Change occurred, and any other relevant details

**If you wish to claim an exemption from Council tax because a property you own is undergoing major repairs or structural repair, please give details below:**

Address of property

Date became unoccupied \_\_\_\_\_ Date became unfurnished \_\_\_\_\_

Nature of work being done

**DECLARATION**

**I declare the information given on this form is correct to the best of my knowledge. I am aware it is an offence to knowingly supply false information.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name in capitals** \_\_\_\_\_ **Tel No** \_\_\_\_\_

For office use only	DD sent	Ben claim sent	Disc given	Disab form sent	Actioned by	Date