

Rushcliffe Borough Council

Treasury Services

Civic Centre, Pavilion Road, West Bridgford, Nottingham NG2 5FE
Telephone 0115 981 9911 and ask for Customer Services



Council Tax Household Occupation Form

This form is issued under Regulation 3 of the Council Tax (Administration and Enforcement) Regulations 1992. YOU ARE REQUIRED BY LAW TO PROVIDE THE INFORMATION REQUESTED.

If you have difficulty completing this form, please contact Customer Services at Rushcliffe Borough Council for advice, telephone 0115 9819911.

Part 1 – Residents

Please list everyone who lives at the above address who is aged 16 or over.
If no one is permanently resident, write “unoccupied” and go to part 2 overleaf.

Surname	Forenames	Date property acquired	Date residence started	Date of birth (if under 18)	Type of occupier (see note 1)	Other information (see note 2)

Note 1: Please indicate if O – owner; J – Joint owner; T – tenant; R – resident

Note 2: Please indicate if;

- | | | | |
|---|------------------------|---|--------------------------------------------------------------------------------------------|
| 1 | Only Occupier | 6 | Person who is severely mentally impaired |
| 2 | Student | 7 | Person aged 18 or 19 who is at, or has just left, school |
| 3 | Student nurse | 8 | Care worker on low pay, usually working for a charity |
| 4 | Apprentice | 9 | Person caring for someone with a disability who is not a spouse, partner or child under 18 |
| 5 | Youth training trainee | | |

Please give details of your previous address if you have moved within Rushcliffe

Part 2 – Owners

In some circumstances the owner of a property will be responsible for paying the Council Tax. Please answer the following questions

A – Does more than one household live in the property? YES/NO

B – Is one of the residents a Minister of Religion? YES/NO

C – Is the property empty? YES/NO

Name of owner	Address for Correspondence	Please complete only if the property is empty		Date property became empty
		Condition of property		
		Uninhabitable		
		Unfurnished		
		Furnished		
		Unoccupied following death		
		Other (please specify)		

Please tick if you would like more information on

Disabled person's reduction

Council Tax Benefit

Declaration

I declare that the information I have given on this form is correct to the best of my knowledge and belief

Name in BLOCK CAPITALS

Daytime telephone number (see note)

Signature

Date

Note: A daytime telephone number is optional and will only be used to clarify any item or for the follow-up inquiries