



# Bedford Borough Council

LOCAL TAXATION OFFICE BOROUGH HALL  
CAULDWELL STREET, BEDFORD MK42 9AP  
Telephone Bedford (01234) 718097

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| For Office Use | LEXEMPT |  |  |  |  |  |  |
|----------------|---------|--|--|--|--|--|--|
| PROPREF        |         |  |  |  |  |  |  |
| PIN            |         |  |  |  |  |  |  |

## COUNCIL TAX EXEMPTION APPLICATION “GRANNY ANNEX”

Please read the notes below before completing this form.

Where part of a property is self-contained (i.e. has been constructed or adapted for use as separate living accommodation), has its own Council Tax Band and is occupied by a dependant relative of a person residing in the other part of the property, Council Tax exemption applies to the part occupied by the dependant relative provided that the dependant relative is aged 65 or more, or is severely mentally impaired, or is substantially and permanently disabled. To apply for exemption, please complete this form using CAPITAL LETTERS and then return it to the Council at the above address.

|   |   |
|---|---|
| <b>A</b>  | <b>Details of dwelling for which EXEMPTION is applied for</b> |
| Address:  |   |
| Name of Council Tax Payer:  |   |
| Name of dependant relative ( if not the Council Tax Payer named above): |   |
| Date dependent relative moved in:                                       |   |

|   |  |
|---|--|
| <b>B</b>  | <b>Details of other part of the property</b> |
| Address:  |  |
| Name of person residing here to whom the dependent relative is related:                   |  |
| Relationship between above person and dependent relative ( e.g. mother, father son etc.): |  |

|  |   |
|--|---|
| <b>C</b>   | <b>Reason for application (only one of the following reasons need apply and be confirmed)</b> |
| The dependent relative is aged 65 years or more<br>( proof of age should be provided and you must complete Section F overleaf)               | <b>YES/NO</b>   |
| The dependent relative is severely mentally impaired<br>( A doctor should complete Section D and you must complete Section E and F overleaf) | <b>YES/NO</b>   |
| The dependent relative is substantially and permanently disabled<br>( A doctor should complete and you must complete Section F overleaf)     | <b>YES/NO</b>   |

Continued...

**D****Medical Certificate  
(To be completed by a registered medical practitioner)**

Doctor's surgery/hospital address and stamp .....

Please tick the appropriate box

I certify that the dependent relative named in Section A overleaf is

- suffering from severe mental impairment
- substantially and permanently disabled
- neither suffering from severe mental impairment nor substantially and permanently disabled

Doctor's signature.....

Doctor's full name in capitals.....

Date.....

**E****Benefits in payment**

Where exemption is sought on the grounds of severe mental impairment, one of the benefits below must be in payment in respect of the dependant relative. Please tick the appropriate box and submit evidence of the start date of the benefit.

- Incapacity benefit/ Employment & Support Allowance
- Attendance allowance
- Severe disablement allowance
- Care component of disability living allowance at higher or middle rate
- An increased disablement pension due to constant attendance needed
- A disability working allowance
- Unemployability supplement
- Constant attendance allowance
- An unemployability allowance
- Income support which includes a disability premium

**F****Declaration**

As far as I know all the information I have given is accurate and true.  
I authorise the Local Taxation Office to make any enquiries necessary to verify the information given. I undertake to notify the Local Taxation Office if the dwelling for which the exemption is sought ceases to be occupied by the dependent relative named in this form or any other change in circumstances which may affect entitlement to the exemption. I understand that failure to notify the Local Taxation Office that the property is no longer exempt within 21 days of so believing may result in a penalty being incurred by me.

Your Signature ..... Date .....

Daytime Telephone No ..... Email.....

(You do not have to give a telephone number or email but it would be helpful if you did in case we need to contact you).

**DATA PROTECTION**

Personal information held for Council Tax purposes will be held and used in accordance with the requirements of the Data Protection Act 1998. To assist the Council in the prevention and detection of fraud so that it can protect the public funds it administers, the Council may use information provided for Council Tax purposes within this Authority for data matching purposes. It may also data match information provided for Council Tax purposes with other public bodies that regulate, administer or are in receipt of public funds for the purposes of the prevention and detection of fraud.