



# COUNCIL TAX

WEST OFFICES, STATION RISE, YORK, YO1 6GA TEL: (01904) 551558

## APPLICATION FOR EXEMPTION

### Dwellings left empty by persons providing care (Class J)

Date of Issue

UPRN \_\_\_\_\_

Name of Liable Person : \_\_\_\_\_

Address of Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full Name of person providing care	Address where moved to, to provide care (if different from correspondence address above)	Name of liable person at address where providing care	Date left property to provide care	Date (or estimated date) of return to own property

### **DECLARATION**

I declare that the information that is given is, to the best of my knowledge, true and accurate.

Signed

Date