

# South Cambridgeshire District Council

## Council Tax Certificate of Eligibility

### Application for an exemption for a dwelling occupied by a dependent relative

This form is to be used to provide supporting for your online application.

1. Save this document to your computer.
2. If the dependent relative is 65 years of age or over, you only need to complete this first page.
3. If the dependent person is aged under 65, please then pass the medical certificate on page 2 to the doctor of the dependant relative for them to complete and ask them to return it to us.
4. Complete all questions below and save the changes.
5. Now make an online application and upload this saved document when requested (you **do not** need the medical certificate to be completed prior to making the application)

I .....(Council Taxpayer of main residence)

of.....(Address of main residence)

apply for exemption from payment of Council Tax in respect of:

.....(Council Taxpayer of self-contained unit)

of .....(Address of self-contained unit)

#### Details of Dependent Relative

1. Date of Birth: ..... / ..... / .....
2. Relationship to Council Taxpayer in main residence: .....
3. Date of occupation of self-contained unit: ..... / ..... / .....
4. If the dependent relative is disabled or mentally impaired, what is the nature of their disability or impairment? .....

This form should now be uploaded as part of the online application for exemption.

If the dependent relative is under 65 years of age, please pass the Medical Certificate to the doctor of the dependent relative and ask them to return it to us.

# Medical Certificate

(to be completed by a registered medical practitioner)

Name of person this certificate is issued in respect of:

I certify that for the purposes of the Local Government Finance Act 1992 the person named above is (please indicate which):

Substantially and permanently disabled (whether by illness, injury, congenital deformity, or

Suffering from a severe impairment of intelligence and social functioning, which appears to be permanent.

Please state the date from which you believe this applicant meets the criteria for this discount / exemption:

Doctor's Signature:

Doctor's Name, Address, and Practice Stamp:

Date:

Telephone No:

Email Address:

When you have signed this form please return it to:

Council Tax Team, South Cambridgeshire District Council, South Cambridgeshire Hall,  
Cambourne, Cambridge, CB23 6EA

Tel. 03450 450 06