

# Council Tax Notification of Change of Occupier

**Salford City Council**

Name .....

Address .....

.....

..... Post Code .....

Property ref.

Account ref.

Date of issue

Issued by

## Details of person(s) moving out of the above property

Names of people vacating

The address you are moving to

The date you have moved out

If you have sold the property what was the completion date?

If you rent the property what date does your tenancy end?

Is the property  Owner occupied  Council occupied  Privately rented

Have you left the property furnished  or unfurnished

Please provide me with your Solicitors name and address

Please give me your Landlords name and address

If I need to contact you please provide me with a day-time telephone number or email address

## Details of person(s) moving into the above property

Name of person(s) who will be responsible for paying the Council Tax

Date moved in

If you have bought the property what was the completion date?

Please provide the date furniture was moved into property if different from completion date

Please provide me with your Solicitors name and address

If you rent the property what date did your tenancy start?

Please provide me with your Landlords name and address

If I need to contact you please provide me with a day-time telephone number or email address

What was your previous address?

# Benefits

I wish to claim for Council Tax Benefit

Housing Benefit

Please send me a form to claim

# Discount categories

**A** Single Person Discount

**B** Students (including student nurses on Project 2000)

**C** Other student nurses

**D** Apprentices

**E** YTS Trainees

**F** Someone aged at least 18 for whom child benefit is payable

**G** A severely mentally impaired person

**H** Someone whose main home is a hospital, nursing home or hostel where they receive care

**I** A person in prison

**J** Members of a religious community

**K** A person living in a property and employed by a charity or similar organisation to provide care

**L** A person who lives in the property and provides care for at least 35 hours a week for someone who is not a partner or the parent of a child under 18 years old

**M** School leavers under 20 years old - between 30th April and 1st November

# Declaration

I confirm that the information supplied in this form is true and accurate and agree that the council may take any reasonable enquiries to verify this.

Signed ..... Date ..... / ..... / .....

Information supplied by Post  Telephone  Counter

The information supplied may be used for Council Tax, and/or Benefit purposes.  
A penalty of £50 may be imposed where false/inaccurate details are provided.

**Take or send this form to Salford City Council, Customer and Support Services, Unity House, Salford Civic Centre, Chorley Road, Swinton, Salford M27 5AW. Telephone: 0161-909 6502.**

**Further information can be found at: [www.salford.gov.uk](http://www.salford.gov.uk)**