

**Council Tax
Change of Address Form**



If you have recently changed or are about to change address, please complete this form in **BLOCK CAPITALS** using black ink, before returning it to us. If you have difficulty with any part of this form or if you require further details please contact Revenues and Benefits on 01475 717171

Read through the form carefully, answering the questions that apply to you.

www.inverclyde.gov.uk/council-and-government/council-tax

Council Tax account no:

New property reference:

Please complete both sections of this form

Your name and old address

.....
.....
.....

Post Code.....

Did you own or rent the property?

Date when you sold or terminated tenancy of property. / /

Moving out date? / /

If you moved out before the property was sold, was it furnished or unfurnished? (please tick relevant box)

Furnished Unfurnished

Your name and new address

.....
.....
.....

Post Code.....

Only complete the following sections if staying within Inverclyde

Do you own or rent the property?

Date when you purchased or rented the property. / /

Moving in date? / /

If you did not move in straight away, was the property furnished or unfurnished? (please tick relevant box)

Furnished Unfurnished

If you are renting your new property, please provide copy of the lease agreement.

Is this your main residence? Yes/No

Where did you stay in between above dates?

.....
.....

Post Code.....

At your old address were you the:

Owner Tenant
Joint Owner Joint Tenant
Living with relatives Sub Tenant

Where did you stay in between above dates?

.....
.....

Post Code.....

At your new address are you the:

Owner Tenant
Joint Owner Joint Tenant
Living with relatives Sub Tenant

Please complete both sections of this form

Your old address

Name of other joint owner or joint tenant?

.....
.....

Name and address of Solicitor /Leasing Agent/Housing Association or Landlord?

.....
.....

Do you currently rent or own another property? Yes No

Address of property

.....
.....

Please give the names of the adults who lived with you at your old address

.....
.....
.....

Do any of these people fall into the following categories?

Students Skill Seekers
Student Nurses Apprentices
Severely Mentally Impaired Care Workers

If known, what is the new occupant's name and old address?

.....
.....
.....

Your new address

Name of other joint owner or joint tenant?

.....

Name and address of Solicitor /Leasing Agent/Housing Association or Landlord?

.....
.....

Do you currently rent or own another property? Yes No

Address of property

.....
.....

Please give the names of the adults who live with you at your new address

.....
.....
.....

Do any of these people fall into the following categories?

Students Skill Seekers
Student Nurses Apprentices
Severely Mentally Impaired Care Workers

If known, what is the previous occupant's name and new address?

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.....
.....

Payment Options – Tell us which Payment Method you would like to pay your Council Tax

Direct Debit – Please complete a **Direct Debit mandate** or telephone 01475 712961. You can download a mandate at: www.inverclyde.gov.uk/council-and-government/council-tax/about-paying-council-tax.

Payments can be collected on the 1st, 7th, 14th, 21st and 28th of each month. We also offer weekly Direct Debit every Thursday. You can also choose to pay over 12 months.

Payment Card - If you have not chosen to pay by Direct Debit you can request a payment card.

You can pay using your payment card at any Post Office, any shop that displays the PayPoint logo or at the Customer Service Centre, Clyde Square, Greenock. Payment should not be delayed pending receipt of a payment card.

Please give us your contact details.

Home telephone number..... Mobile

Email Address.....

You may be asked to provide further information or evidence in support of the details provided.

Please sign the declaration then return the form to:

Revenues and Benefits, Inverclyde Council, PO Box 9467, Greenock, PA15 1JD

or email to: council.tax@inverclyde.gov.uk

The information I have given is true and correct. I declare that I will notify the Council within 21 days of any change in circumstances which may affect my liability e.g. discount status no longer applies or the number of adults in the house increases. I understand that if I give you false information I may be liable for a fine of up to £200.

Signed.....

Date.....

Data Protection – We are asking for the following information in accordance with the provisions of the Council Tax (Administration and Enforcement) (Scotland) Regulations 1992 and the Data Protection Act 1998. We will use this information to help us determine your liability for, and to collect your Council Tax. Information given on this form may be held electronically and may be shared for Council Tax purposes. We may also share this information with other Council Services, Local Authorities, Government Departments and other bodies responsible for auditing or administering public funds. We will not give information to anyone else, or use information about you for other purposes, unless the law allows us to.