

Revenues Service  
P.O. Box 60  
Leeds LS2 8JR

Acct Ref No:

### **Application Form for Religious Communities Disregard**

This application form should be completed as instructed and returned to P.O. Box 60, LEEDS, LS2 8JR.

**Numbers 1 to 5 should be completed by the person who is a member of a religious community.**

1. Please give your full name: \_\_\_\_\_  
and your address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If anyone else, aged 18 years or over, lives at the above address as their sole or main residence, please give their **full** names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please give the name of the religious community to which you belong: \_\_\_\_\_

4. Do you have any personal income, either covenanted or otherwise (excluding a pension from a former employer), or capital of your own?  
 YES                       NO                      (please tick)

5. Are you dependant on the religious community to provide for your material needs?  
 YES                       NO                      (please tick)

**Number 6 should be completed by the person who is liable for payment of the Council Tax bill.**

6. Please read and sign the following statement:  
I declare that the information given in respect of this application is correct and complete.  
Signature of liable person: \_\_\_\_\_ Date: \_\_\_\_\_  
(continued overleaf)

Please give your daytime telephone number in case we need to speak to you about your claim:  
.....

**Number 7 should be completed by the Head of the Religious Community.**

7. Please read, complete and sign the following:

I declare that the principal occupation of the religious community named below consists of prayer, contemplation, education, the relief of suffering, or any combination of these. I confirm that the person named overleaf is a member of this religious community and that he/she has no income or capital of his/her own (disregarding any pension from a former employer) and is dependant on the community to provide for his/her material needs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Religious Community: \_\_\_\_\_

*In line with Data Protection law, we may use information you give us to prevent or detect fraud or other crimes. We may also share it with other Council services or public organisations if they need it in order to carry out their legal duties.*