

Council Tax Change of Address Form

www.aberdeencity.gov.uk/counciltax

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 08456 080921.

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

Council Tax account no:

New property reference:

Please complete both sections of this form

1. Your name and your new address

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

Postcode

Do you own, rent or lease the property?

Date when you purchased, rented or leased the property?

Moving in date? / /

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

Furnished Unfurnished

2. Your name and your old address

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

Postcode

Did you own, rent or lease the property?

Date when you sold, terminated tenancy or lease of property?

Moving out date? / /

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

Furnished Unfurnished

Where did you stay in between the above dates?

.....
.....

Postcode

At your new address, are you the:-
(Please ✓ appropriate box)

Owner Tenant

Joint Owner Joint Tenant

Living with relatives Sub Tenant

Where did you stay in between the above dates?

.....
.....

Postcode

At your old address, were you the:-
(Please ✓ appropriate box)

Owner Tenant

Joint Owner Joint Tenant

Living with relatives Sub Tenant

Please complete both sections of this form

1. 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 lease 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?
(Please ✓ relevant box)

Students	<input type="checkbox"/>	YTT's (YTS, Skill Seekers)	<input type="checkbox"/>
Student Nurses	<input type="checkbox"/>	Apprentices	<input type="checkbox"/>
Severely Mentally Impaired	<input type="checkbox"/>	Care Workers	<input type="checkbox"/>

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

1. 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 lease 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?
(Please ✓ relevant box)

Students	<input type="checkbox"/>	YTT's (YTS, Skill Seekers)	<input type="checkbox"/>
Student Nurses	<input type="checkbox"/>	Apprentices	<input type="checkbox"/>
Severely Mentally Impaired	<input type="checkbox"/>	Care Workers	<input type="checkbox"/>

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

Please give a daytime telephone number or email address in case we have to contact you:

Telephone Number Email

Please sign the declaration then return the form to Revenues and Benefits, Aberdeen City Council, Business Hub16, Marischal College, Broad Street, Aberdeen AB10 1AB

The information I have given is true and correct. I will tell you in writing of any change to the information as soon as the change occurs.

Signed Date

Any information that you give will be stored on computer and is subject to the Data Protection Act 1998.