



Revenues Section - Council Tax Change of Address Form

Name

Address

.....

..... Postcode

Office use Only

Date of Issue:

Please return by:

Property No. 1:

Property No. 2:

Enq Id:

Document Type: CCOA

If you have recently changed or about to change address, please complete this form in **BLOCK CAPITALS** using **BLACK INK**. If you have difficulty completing this form, please telephone **(01343) 563456**. Please answer the questions that apply to you. You do not have to answer the questions in the shaded boxes but it would assist us if you did so.

(Please complete all sections of this form)

Your **FULL NAME** and

(if appropriate) Your Partners **FULL NAME**

1. YOUR NEW ADDRESS

.....

.....

..... Post Code

At this property, are you the:-

OWNER MORAY COUNCIL TENANT

TENANT LIVING WITH PARENTS

OTHER (Please relevant Box)

EXACT date you purchased, or took over the tenancy of this property?

EXACT moving in date?

If you **DID NOT** move in straight away, was the property

FURNISHED UNFURNISHED

(Please relevant Box)

2. YOUR OLD ADDRESS

.....

.....

..... Post Code

At this property, were you the:-

OWNER MORAY COUNCIL TENANT

TENANT LIVING WITH PARENTS

OTHER (Please relevant Box)

EXACT date you sold, or gave up the tenancy of this property?

EXACT moving out date?

If there **IS** a difference between these dates, was the property

FURNISHED UNFURNISHED

(Please relevant Box)

If you stayed **at another property** in between the above dates please state the address:

..... Post Code:

If your previous address was not within Moray, have you ever lived in Moray? **Yes** **No**

If 'Yes' please provide details of your previous Moray address.

..... Post Code:

(Please complete all sections of this form)

1. YOUR NEW ADDRESS

Name and Address of Solicitor/Leasing Agent/Housing Association or Landlord

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

Name of ANY OTHER joint owner or joint tenant?

.....
.....

IF KNOWN, what is the previous occupant's name and new address?

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

1. YOUR OLD ADDRESS

Name and Address of Solicitor/Leasing Agent/Housing Association or Landlord

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

Name of ANY REMAINING joint owner or joint tenant?

.....
.....

IF KNOWN, what is the previous occupant's name and previous address?

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

1. YOUR NEW ADDRESS

Do you want to claim COUNCIL TAX BENEFIT and/or HOUSING BENEFIT? Yes No (Please ✓ relevant Box)

Are you the SOLE OCCUPANT of this property? Yes No (Please ✓ relevant Box)

Name and date of birth of anyone in your household AGED 17:

DIRECT DEBIT is the Council's preferred payment method. If you wish to pay by this method, please tick this box

If you are not the sole occupant please give the **FULL NAMES** of the other **ADULTS** who live with you?

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

Do any of these people fall into the following categories? (Please ✓ relevant Box)

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

I declare that the information on this application is true and correct. Information on this form may be shared between Council departments and other agencies. I undertake to inform you of any change in circumstances as soon as the change occurs. I authorise the Council to make any necessary enquiries to verify the information given on this form.

Signature: Date:

Print Name: Telephone No.

Email: Mobile No.

Any information you provide will be used and retained on computer by the Authority, in accordance with the Data Protection Act 1998.

Please return this form to: **The Moray Council, Revenues Section, High Street, Elgin, IV30 1BX.**
If you wish further information regarding this form or any other Council Tax query, please contact us by:
Telephone: **01343 563456** Email: **revenues@moray.gov.uk** Visit our website: **www.moray.gov.uk**