



**Section 2. Owner** – please confirm the details of the owner of the property in Section 1:

Full Name(s):
Address:

**Section 3. Details of the Religious Community**

Name of Community	Address of Community	Purpose of Community

**Section 4. Residents** – please list below **all** current adult residents in the property:

Title	Full Name(s)	Date Moved In	Is that person...(Please tick)	
			A Minister of Religion	A Member of the Religious Community in section 3?
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>

Please tick this box if there are currently no residents and the property is being held for a minister of religion

**Section 5. Declaration**

I confirm the ministers of religion listed above are occupying the property listed in section 1 as their main residence, and from which they perform the duties of their office.

I confirm the religious community listed above meets the requirements of a religious community, and that any members of the religious community stated above have no income or capital of their own and are dependent on the community for their material needs.

I declare the information given above is correct to the best of my knowledge and belief.

**Print Name:**..... **Signed:**..... **Date:**.....

Please supply a telephone number and/or email address where you can be contacted:

Telephone: Email: <p style="text-align: right;">I would like to receive electronic bills via email <input type="checkbox"/></p>
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**We can provide this information in different formats if needed. Please call 01707 357000 and ask for the Council Tax section or email [c.tax@welhat.gov.uk](mailto:c.tax@welhat.gov.uk)**