

Letters to: Local Taxation Service, PO Box 10505, Wood Green, N22 7WJ

Tel: 020 8489 1000

www.haringey.gov.uk

email: council.tax@haringey.gov.uk



APPLICATION FOR REDUCTION - SECOND HOME

Please complete and return this application to the address above.

Council Tax Reference Number		
Address of Property		
Full names of all joint owners / tenants		
Daytime telephone number		
Mobile telephone number		
Email address		
Are you the owner or tenant		Owner / Tenant
If Tenant, please provide the full name and address of your landlord		
Address of the property you consider to be your main home		
Are you liable to pay council tax at this property		Yes / No (if yes, please provide a copy of your bill)
At what address are you registered for		
Doctor		
Dentist		
Electoral Register		
If you are currently living abroad, Please state the reason for maintaining your home in Haringey		
A) Work contract		Yes / No (if yes, please provide confirmation from employer)
B) Holiday		Yes / No (if yes, please provide confirmation i.e. passport / travel documents)
C) Other		Please specify:
You must notify the Council immediately if any of the above details change		
Declaration		
I declare the details given in this application are to the best of my knowledge, true and accurate and the Council may verify this information from appropriate sources.		
Signed		Date
<small>This authority is under a duty to protect the public funds which it administers, and to this end may use information held about you for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.</small>		