

COUNCIL TAX DISCOUNTS

DISCOUNTS FOR PATIENTS IN HOSPITALS OR HOMES

The Local Government Finance Act 1992 provides that any person whose sole or main residence is a hospital or home will not be counted in the total number of adult residents for Council Tax purposes.

The circumstances of a member of your household may be such that you may qualify for a Council Tax discount.

The following notes are included for your guidance:

- a. The term sole or main residence signifies that the person concerned is living in a hospital or home on a long term basis (i.e. there is no intention to return in the foreseeable future).
- b. A home can be a residential care home, a nursing home, a mental nursing home or bail/probation hostel.
- c. The person must be receiving care, treatment or both in the home or hostel.

If you consider that you may qualify for a discount please complete and return the application form to me at the above address.

You **MUST** inform me immediately if the person concerned returns to the address on which discount has been claimed.

G Hawkins
Assistant Director (Benefits and Taxation)

COUNCIL TAX DISCOUNTS - PATIENTS IN HOSPITALS, HOMES OR HOSTELS

This form should be completed by the person who is liable for payment of the Council Tax and returned to the Finance & Property directorate (address shown overleaf).

Please write in ink and use **BLOCK LETTERS**

1.

FULL NAME & ADDRESS OF APPLICANT
Surname:First Name

Address:.....
.....

COUNCIL TAX ACCOUNT NUMBER

2.

NUMBER OF RESIDENTS
How many adults aged 18 or over live in the property ?
Note: Include yourself and the person for whom a discount is claimed.

3.

NAME AND RELATIONSHIP OF THE PERSON FOR WHOM DISCOUNT IS CLAIMED
Surname First Name(s)

Relationship to applicant

4.

NAME OF HOSPITAL, HOME OR HOSTEL

Address:
.....

Telephone No.

Date of Admittance

Note: The above information applies from the date the person's residence in a hospital, home or hostel became continuous, i.e. since the person last lived at his/her usual home.

5.

Is the person named above a permanent resident in the hospital, home or hostel?

Please ✓ **YES** **NO**

If NO, please indicate length of stay or expected date of return to usual home:
.....

6.

DECLARATION
I declare that the information provided on this form is complete and accurate to the best of my knowledge and belief.

Signature: Date:

WARNING : Deliberately giving incomplete or false information could lead to a penalty of £50.