

Horsham Revenues and Benefits PO Box 5327 Central Milton Keynes MK9 3ZA

## COUNCIL TAX EXEMPTION APPLICATION FORM RECEIVING CARE ELSEWHERE

Council Tax Account Reference Number	
Home Address	
PART A – NEW ADDRESS	
Address where you are receiving care	
Data this hasawa wayy main hama	
Date this became your main home  Name and address of the person providing	
personal care	
personal care	
Details pf the type of care you receive (e.g.	
help with washing, dressing etc.)	
Are you in receipt of attendance allowance	YES / NO
The you in receipt of attendance anowance	1107110
If YES, please enclose your allowance book or le	etter of entitlement from the DWP. (This will be
returned to you as soon as possible)	steer of entitientenent from the 2 W1. (This will be
recurried to you as soon as possible;	
Reason the care is required (please circle	Old Age
as appropriate)	
	Disablement
	Illness
	Past or present alcohol or drug dependence
	Past or present mental disorder
	r 355555

Information will only be used by Horsham District Council and its employees in accordance with the Data Protection Act 1998. Horsham District Council will not supply information to any other organisation or individual except to the extent permitted by the Data Protection Act and which is required or permitted by law in carrying out any of its proper functions.



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## **PART B**

Date the above address ceased to be your	
main home	
Is the property furnished?	YES / NO
If NO, the date the furniture was removed	
Is the property occupied?	YES / NO
If YES, the name/s of the occupier/s	
Are/were you the owner or tenant?	OWNER / TENANT
If you are/were the owner, is the above	YES / NO
property for sale/sold?	
If YES, the completion date of the sale	
If YES, the name and previous address of	
the new owners (if known)	
Or acting solicitor	
If you were the tenant, please give the name	
and address of the landlord	
If you were the tenant, please give the date	
the tenancy terminated	
Address where future correspondence	
should be sent	

## **DECLARATION**

I Declare that the information given on the form is complete and accurate to the best of my knowledge. **REMEMBER**, if you give false information, you may be prosecuted.

In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations that handle public funds.

Full Name (BLOCK CAPITALS)	
Signature	
Date	
Telephone	

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