



**COUNCIL TAX DISREGARD APPLICATION FORM – RESIDENT IN HOSPITAL,  
REST OR NURSING HOME OR HOSTEL**

**DETAILS OF PERSON TO BE DISREGARDED**

Council Tax Account Reference Number	
Home Address	
Forename	
Surname	
Address immediately prior to Hospital/Home/Hostel	
Name and address of Hospital/Home/Hostel	
Telephone of Hospital/Home/Hostel	
Date this became their main home	
Does the person anticipate returning home?	YES / NO
Is the person in receipt of care or treatment or both?	CARE / TREATMENT / BOTH

**PROPERTY**

Is the property now unoccupied?	YES / NO
If NO, please give name/s of occupant/s	



**Horsham  
District  
Council**

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

## **DECLARATION**

I declare that the information given on this 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 which handle public funds.

Full Name (BLOCK CAPITALS)	
Signature	
Date	
Telephone	

Information will only be used by Horsham District Council and its employees in accordance with 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.