

COUNCIL TAX EXEMPTION APPLICATION FORM RECEIVING CARE ELSEWHERE

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Council Tax Account Reference Number		
Home Address		
PART A – NEW ADDRESS		
Address where you are receiving care		
Date this became your main home		
Name and address of the person		
providing personal care		
providing personal care		
Details pf the type of care you receive (e.g.		
help with washing, dressing etc.)		
	YES / NO	
Are you in receipt of attendance allowance	-	
If YES, please enclose your allowance book or lett	er of entitlement from the DWP. (This will be	
returned 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	
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		
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Are/were you the owner or tenant?	OWNER / TENANT
If you are/were the owner, is the above property for sale/sold?	YES / NO
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	

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.

Please return form to: Horsham Revenues and Benefits, PO Box 10745, Nottingham, NG6 6ED