

COUNCIL TAX EXEMPTION APPLICATION FORM – RESIDENT IN NURSING HOME, REST HOME OR HOSPITAL

Council Tax Account Reference Number	
Name of Resident	
Home Address	
Name and Address of Hospital/Nursing Home/Rest Home	
Telephone Number of Hospital/Nursing Home/Rest Home	
Date the above person was admitted to the Hospital/Nursing Home/Rest Home	
Date the decision was made that the above person would not be returning home	
Was the property the main residence of the above person immediately prior to their entering the Hospital/Nursing Home/ Rest Home	
Is the property occupied?	YES / NO
If YES, name the occupiers	
Is the property furnished?	YES / NO
If NO, the date the furniture was removed	
Is/was the above person the owner or tenant?	OWNER / TENANT
If the person was the tenant, please give the name and address of the landlord	
If the person was the tenant, what was the date the tenancy was Terminated	
If the above person is the owner, is the property for sale or sold?	YES / NO
If SOLD, please give the completion date of the sale	

Name and/or previous address of the new owners (if known)	
Name of acting Solicitor of the sale (if known)	
Address 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	