

Application form for Council Tax Discount - Hospital Patients

Name of person making application	
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Name of person in hospital <small>(if different from above)</small>	
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Reference Number	
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Address	
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Start date for discount	
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A person is disregarded for council tax discount purposes if he or she has his or her main residence in a National Health Service hospital

A person could be considered as having their sole or main residence in the hospital if they are in the hospital on a long term basis and are unlikely to return home.

If all the residents have their sole or main residence in a National Health Service hospital then a 50% discount will apply.

1) Please confirm how many adults are resident in the property? _____

Please list the adults resident in the box below indicating who is in hospital.

Name of Resident	If in hospital - name of hospital

2) Please ensure a registered medical practitioner (such as a doctor) signs the declaration below.

Declaration by a Registered Medical Practitioner: I declare that the above named person is resident in a hospital on a long term basis and is unlikely to return home.

Signed.....Position.....Date.....

3) Declaration:

I declare that the information stated above is true to the best of my knowledge. I understand that I must contact the Revenues Section within 21 days if my circumstances change.

Signed.....Full Name.....

Date.....Telephone Number.....