



Customer Services
Castle Point Borough Council
PO Box 15,
Thundersley, Benfleet,
Essex SS7 1AY
Tel: 01268 882200
Fax: 01268 882409
DX: 39603 Hadleigh

Name & Address:

Date:
Our Reference: WEB/
Please enter your Council Tax Reference
Number:

DISREGARDED PERSON FOR THE PURPOSE OF COUNCIL TAX
RESIDENTIAL HOSPITAL PATIENT

To claim a Council Tax discount for a person who is a resident as a hospital patient please complete this application form and return to the above address. Details of the conditions relating to this disregard are printed on the back of this form.

Please use capital letters:

Name of Patient: _____

Date of Birth: _____

Address: _____

Name of hospital: _____

Address of hospital: _____

Date of admittance: _____

Please list below all people aged 18 and over living at the address and state if any are already disregarded for the purpose of Council Tax.

- 1. _____
2. _____
3. _____
4. _____

COUNCIL TAX DISREGARD PERSON - RESIDENT HOSPITAL PATIENT

Notes of Guidance

A person is a disregard person for the purpose of Council Tax if one or more of the following applies:

- a) he/she is a patient who has their main or only home in a hospital;
- b) he/she is detained under part II of the Mental Health Act 1983 in a hospital;
- c) he/she is detained under section 46,47 or 48 of the Mental Health Act 1983 in a hospital.

'HOSPITAL' means-

- a) a health service hospital within the meaning of the National Health act 1977; and
- b) a military, air-force or naval unit or establishment in England and Wales at or in which medical or surgical treatment is provided for a person subject-
 - i) by virtue of section 205 of the Army act 1995, to military law;
 - ii) by virtue of section 205 of the Air Force act 1955 to air-force law; or
 - iii) by virtue of section 111 of the Naval Discipline Act 1957, to that act.

This includes NHS nursing homes.

I declare that the information given is complete and accurate to the best of my knowledge. I understand that the Council may check my validity of the information provided.

Please give full name:

Date:

Signature:

Telephone No:

PLEASE NOW RETURN THIS FORM TO THE ABOVE OVERLEAF