

Date:
Our Reference: WEB
Your Reference:

Dear «AA1Title» «AA1Surname»

**DISREGARDED PERSON FOR THE PURPOSE OF COUNCIL TAX
PATIENTS IN A RESIDENTIAL CARE HOME**

To claim a Council Tax discount for a person who is in a Residential Care Home, please complete this application form and return to the above address. Details of the conditions relating to this discount are printed on the back of this form.

Please use capital letters:

Name: _____

Address: _____

Name of Home: _____

Address of Home: _____

Date of Entering Home: _____

Telephone No of Home:

If you were in hospital immediately prior to entering the home, please give admission date and name of the hospital, along with proof of admission, from either hospital or doctor, as we may be able to use this date for the start of the disregard:

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

- | | |
|----------|--------------------------|
| 1. _____ | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> |
| 4. _____ | <input type="checkbox"/> |

NOTES FOR GUIDANCE

This discount will apply to a person on a day if he or she:

- a) has his/her sole or main residence in a Residential Care Home, Nursing Home, Mental Nursing Home or Hostel in England or Wales; and
- b) is receiving care and/or treatment in the Home or Hostel.

A Residential care Home is defined as:

- a) A establishment in respect of which registration is required under the Registered Homes Act 1984.
- b) A building or part of a building in which accommodation is provided and which is run by the Abbeyfield Society.

A Nursing Home is defined as:

- a) Anything which is a Nursing Home within the meaning of the Registered Homes act 1984.

A Mental Home is defined as:

- a) Anything which is a Mental Nursing Home within the meaning of the Registered Homes act 1984.

A Hostel is defined as:

- a) Anything which is solely or mainly used for the provision of residential accommodation in other than separate and self-contained premises, together with personal care for persons who require care by reason of old-age, disablement, past or present alcohol or drug dependence, or past or present mental disorder; and
- b) which is not a Residential Care Home, Nursing Home or Mental Nursing Home.



DECLARATION TO BE SIGNED BY THE APPLICANT

WARNING: Deliberately given false information could lead to the imposition of a £70 penalty.

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

FULL NAME: _____

SIGNATURE: _____

DATE _____

If you have completed this form on behalf of the applicant please complete below:

FULL NAME: _____

SIGNATURE: _____

RELATIONSHIPSHIP TO APPLICANT _____

ADDRESS _____

DATE: _____

DAYTIME TELEPHONE NUMBER: _____

PLEASE RETURN THIS FORM NOW TO THE ADDRESS OVERLEAF