



**Moray Council  
TAXATION SERVICES  
Council Tax**

**Hospital/Residential/Nursing Home Discount/Exemption Application Form**

Name.....  
 Address.....  
 .....  
 ..... Postcode.....

Office use only

Account number.....  
 Date of issue.....  
 Please return by.....

**Introduction**

If an adult member of your household is now a patient in a hospital, residential or nursing home, there may be an entitlement to a Council Tax reduction award.

**Qualification**

Qualification for a reduction award depends on the patient's status. If the patient is:

- indefinitely or permanently resident, there may be entitlement to **100% exemption**;
- resident for over 6 weeks, there may be entitlement to a **25% discount**.

**Completion Instructions**

If you think that you may qualify for a reduction award, please complete this form in **BLOCK CAPITALS** and **black ink**.

**Parts 1 and 5** should be filled in by the **Council Tax payer**.

**Parts 2 and 3** should be filled in by the **patient or their assistant**.

**Part 4** should be filled in by the **hospital or residential / nursing home**.

For further information or help in completing this form please telephone **(01343) 563456**.

**Any information given will be treated in the strictest confidence.**

**Part 1: Occupancy Details**

Council Tax account number .....	Do any of these people fall into any of the following categories? (Please '√' the relevant box)			
Are you the only adult occupant? (Please '√' the relevant box)	Students	<input type="checkbox"/>	Severely Mentally Impaired	<input type="checkbox"/>
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	Apprentices	YTT Skill Seekers	<input type="checkbox"/>
If ' <b>No</b> ', state how many <b>ADULTS</b> live with you .....		Student Nurses	Care Workers	<input type="checkbox"/>
Please state their names below: .....				

**Part 2: Patient's Details**

Patient's full name.....  
 Patient's full address.....  
 Telephone Number..... Patient's date of birth.....  
 Does the patient own the property? Yes  No   
 If '**No**' provide the name and address of the property's owner below:  
 .....  
 If the tenancy has ended or the property sold, please confirm the date this happened.....

### Part 3: Authorisation

Please sign the authorisation below, so the hospital or home can complete Part 4.

I authorise the hospital / home to give the information requested below.

Signed.....Date.....

If you are the person assisting the patient, please state your name and address.....

Telephone Number.....Relationship to patient.....

### Part 4: Hospital or Residential/Nursing Home Confirmation

The person named above claims to be a patient in your hospital / home. Please answer the following questions and then return this form to the patient, or the person assisting the patient.

Name and address of the hospital / home.....

.....Date of admission.....

Is the patient being assessed? Yes  No

Is stay long-term? Yes  No

Is the patient currently awaiting placement in a residential home? Yes  No

Has the patient been transferred from another hospital / home? Yes  No

If yes, please provide the name and address of the hospital / home .....

Signed.....

Position.....

Date.....

Official Stamp

Please state a contact name and telephone number should we require further information

Name ..... Telephone.....

### Part 5: Declaration

I declare that the information on this application is true and correct. I authorise the council to make any necessary enquiries to check the information given on this application, including cross checking details with other council services and external organisations. I undertake to inform you of any change in circumstances as soon as it occurs. I understand that if I give information that is incorrect or incomplete or fail to report changes in circumstances, I may be prosecuted.

Signature ..... Date .....

Print Name ..... Telephone .....

Email ..... Mobile .....

Moray Council is the data controller for this process. The information provided by you for the purposes of determining Council Tax liability will be stored by us in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018. The information that we hold must be accurate, up to date, and kept only for as long as necessary. It is shared only where we are legally obliged to do so. You may refer to our published Council Tax Privacy Notice for more information. It can be found at <http://www.moray.gov.uk/downloads/file123143.pdf>

Please return this form to: **Moray Council, Taxation Services, High Street, Elgin, IV30 1BX.**

If you require any further information regarding this form, please contact us by:

Telephone: **01343 563456** Email: **ctaxforms@moray.gov.uk** Website: **[www.moray.gov.uk](http://www.moray.gov.uk)**