Revenues Section - Council Tax

Hospital / Residential / Nursing Home Application Form

Name .....

Address .....

.....

..... Postcode .....

Office use Only
Reference Number: .....
Date of Issue: .....
Please return by: .....
Enq Id: .....
Document Type: CTHE .....

Information

If an adult (i.e. a person aged 18 years or over) resident in your property is now a patient in a hospital, residential or nursing home, exemption or discount may be granted.

To qualify for a reduction, the patient must be resident in the hospital or home:

- continuously, for more than 6 weeks - this may result in an award of **discount**.

  or

- indefinitely or permanently - this may result in an award of **exemption**.

How to complete this form

If you feel that an adult resident in your property meets the conditions noted above, please complete the four parts of this form using BLOCK CAPITALS and **black ink**.

Parts 1 and 2 should be filled in by the **liable person** (the person named on the bill) or the **person assisting you**.

Part 3 should be filled in by the **hospital** or **residential / nursing home.**

Part 4 should be filled in by the **liable person** or the **person assisting you**.

If you would like any 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 ☐

Are you the only adult occupant? Yes ☐ No ☐

If not, please state the number of **ADULTS** who live with you ☐ and give their **FULL NAMES** below.

.....

.....

.....

Do any of these people fall into the following categories? (Please ✔ relevant box)

Students	☐	Severely Mentally Impaired	☐
Apprentices	☐	YTT (YTS, Skill Seekers)	☐
Student Nurses	☐	Care Workers	☐

This form is continued overleaf →

Part 2 Patient Details

Patient's full name.....

Patient's full address .....

If the tenancy has ended or the property sold, please confirm the date this happened .....

Please sign the authorisation below, so the hospital or home can complete Part 3.

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 No ..... What is your relationship to the patient? .....

Part 3 Hospital or Residential / Nursing home details

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 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 No. .....

Part 4 Declaration By Applicant

I declare that the information on this application is true and correct. The Council will verify information on this form with other sources as allowed by law. I undertake to inform you of any change in circumstances as soon as the change occurs. I authorise the Council to make any necessary enquiries to verify the information given on this form.

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

Print Name ..... Telephone No. .....

Email ..... Mobile No. .....

Any information you provide will be used and retained on computer by the Authority, in accordance with the Data Protection Act 1998.

Please return this form to: **The Moray Council, Revenues Section, High Street, Elgin, IV30 1BX.**
If you wish further information regarding this form or any other Council Tax query, please contact us by:
Telephone: **01343 563456** Email: **revenues@moray.gov.uk** Visit our website: **www.moray.gov.uk**