

Persons living in hospital or in residential care exemption

Please fill in this form to apply for this **exemption** and send it to:

Local Taxation Service
Cotswold District Council
Trinity Road
Cirencester
Gloucestershire
GL7 1PX

Date:

Council tax bill number:

Details of applicant			
Full name			
Address and postcode			
Contact telephone number			
Email address			
Is this property owned or rented?			
If rented, please supply the name & address of the landlord			
Is anyone still living in the property?			
Are they expected to return home?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		
If yes, please give date if known:			
<p>If as a result of a person residing in a hospital, care home, etc, on a permanent basis their home is left unoccupied and they remain the liable person for council tax purposes, there may be entitlement to an exemption from the council tax. If they return home between treatments it does not qualify as permanent.</p>			

Date they left their home	
Name & address of the hospital/residential care home	
Reason for the care	
Name of Doctor/Consultant (It may be necessary to obtain relevant information, from the doctor, to establish the validity of an application, or to establish the correct effective date.)	

Declaration

I accept responsibility for making this application and declare that the information contained is true and accurate to the best of my knowledge and belief.

Your signature..... Date.....

Full name

The Council are the Data Controllers for the purposes of the Data Protection Legislation
We will only use your personal information in accordance with the Legislation and for the purposes of Revenues & Benefits. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.