

COUNCIL TAX EXEMPTION APPLICATION FORM – RESIDENT IN NURSING HOME, REST HOME OR HOSPITAL

Council Tax Account Reference Number	
Name of Resident	
Home Address	
Name and Address of	
Hospital/Nursing Home/Rest Home	
and the second s	
Telephone Number of Hospital/Nursing	
Home/Rest Home	
Date the above person was admitted to the	
Hospital/Nursing Home/Rest Home	
Date the decision was made that the above	
person would not be returning home	
Was the property the main residence of the	
above person immediately prior to their entering	
the Hospital/Nursing Home/ Rest Home	
Is the property occupied?	YES / NO
If YES, name the occupiers	
Is the property furnished?	YES / NO
If NO, the date the furniture was removed	
Is/was the above person the owner or tenant?	OWNER / TENANT
If the person was the tenant, please give	
the name and address of the landlord	
If the province the toward what was the date	
If the person was the tenant, what was the date the tenancy was Terminated	
If the above person is the owner, is the property	YES / NO
for sale or sold?	1127 140
If SOLD, please give the completion date of	
the sale	
the Jule	

Information will only be used by Horsham District Council and its employees in accordance with the Data Protection Act 1998. Horsham District Council will not supply information to any other organisation or individual except to the extent permitted by the Data Protection Act and which is required or permitted by law in carrying out any of its proper functions.



Horsham Revenues and Benefits PO Box 5327 Civic, 1 Saxon Gate East Central Milton Keynes MK9 3ZA

Name and/or previous address of the new	
owners (if known)	
Name of acting Solicitor of the sale (if known)	
Address future correspondence should be sent	

DECLARATION

I declare that the information given on the form is complete and accurate to the best of my knowledge.

REMEMBER, if you give false information, you may be prosecuted.

In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations that handle public funds.

Full Name (BLOCK CAPITALS)	
Signature	
Date	
Telephone	