

Letters to: Local Taxation Service, PO Box 10505, Wood Green, N22 7WJ

Tel: 020 8489 1000

www.haringey.gov.uk

email: council.tax@haringey.gov.uk



## APPLICATION FOR REDUCTION – LONG TERM PATIENTS IN A HOSPITAL / RESIDENTIAL CARE HOME / HOSTEL

Please read the following information before completing this form.

Full exemption from Council Tax is given to any person who has their sole or main residence in a hospital, residential care home, nursing home, mental nursing home, residential care home or hostel; and is receiving care or treatment there.

Council Tax Reference Number	
Address of Property	
How many people now reside in the property?	
Full name of any remaining occupiers	
Contact telephone number	
Email address	
Full name of Applicant	
Date of birth	
Date of admission	
Expected length of stay	

Name and address of Hospital, Care Home or Hostel:

**You must notify the Council immediately if any of the above details change**

### Declaration

I declare the details given in this application are to the best of my knowledge, true and accurate and the Council may verify this information from appropriate sources.

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

This authority is under a duty to protect the public funds which it administers, and to this end may use information held about you for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.