



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

You should complete this application in respect of anyone who has left their property to receive care in a hospital, residential care home, nursing home, mental nursing home or hostel and is receiving care or treatment there.

Council Tax Reference Number	
Address of property	
Contact telephone number	
Email address	
Full name of applicant	
Date of birth	
Date of admission	
Expected length of stay	
Are you the owner or tenant of the property	Owner / Tenant
If you are a tenant, please provide the full name and address of your landlord	
Is the property still occupied	Yes / No
Number of remaining occupiers	
Full name of any remaining occupiers	
Name and address of Hospital/Care Home/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.