



APPLICATION FOR REDUCTION - RECEIVING PERSONAL CARE

You should complete this application in respect of anyone who has left their property empty to receive personal care elsewhere.

Council Tax Reference Number	
Address of property	
Contact telephone number	
Email address	
Full name of applicant	
Date of birth	
Date of vacation	
Expected date of return	
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
Full name of any remaining occupiers	
Current address of applicant	

Please tick the reason why care is being provided and provide supporting documentation

Old age	<input type="checkbox"/>	Past or present mental disorder	<input type="checkbox"/>
Disablement	<input type="checkbox"/>	Past or present alcohol dependence	<input type="checkbox"/>
Illness	<input type="checkbox"/>	Past or present drug dependence	<input type="checkbox"/>

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.