

**COUNCIL TAX DISREGARD APPLICATION FORM RESIDENT IN
HOSPITAL, REST OR NURSING HOME OR HOSTEL**

DETAILS OF PERSON TO BE DISREGARDED

Council Tax Account Reference Number:

1. Last Name: First Name/s:
2. Address immediately prior to Hospital/Home/Hostel:
.....
3. Name and address of Hospital/Home/Hostel:
..... Telephone No:
4. Date this became his/her main home:
5. Does he/she anticipate returning home? YES/NO*
6. Is the above named person in receipt of care or treatment or both? YES/NO*

PROPERTY

7. Is the property now unoccupied? YES/NO*
8. If No, please give name/s of occupant/s:

* Delete where applicable

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.

Signature: Date:

Full Name (BLOCK CAPITALS)

Please send form to: Mid Sussex Revenues and Benefits Services, PO Box 10607, Nottingham, NG6 6DU

Please note: Information will only be kept in accordance with the General Data Protection Regulation and the Data Protection Act 2018. Mid Sussex District Council will not supply information to any other organisation or individual except to the extent permitted by law in carrying out any of its functions.

Please refer to our privacy notice on our website at <https://www.midsussex.gov.uk/about-us/privacy-notice> for further details.

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