

**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
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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.

Signature Date

Full Name (BLOCK CAPITALS)

Telephone.....Email.....

If you are not the registered Council Taxpayer, please enclose a signed letter of authority or copy of the Power of Attorney to confirm you are authorised to act on their behalf.

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.

Please send form to:

Mid Sussex District Council Revenues & Benefits, Oaklands Road, Haywards Heath, West Sussex, RH16 1SS

Email contact for the authority should be addressed to revenue@midsussex.gov.uk