

**COUNCIL TAX EXEMPTION APPLICATION FORM - RESIDENT IN
NURSING HOME, REST HOME OR HOSPITAL**

Name of Resident:

Council Tax Account Reference Number:

1. Home Address:
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2. Name and address of Hospital/Nursing Home/Rest Home:
.....
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Telephone No:

3. Date the above person was admitted to the Hospital/Nursing Home/Rest Home:

4. Date the decision was made that the above person would not be returning home:

5. Was the property the main residence of the above person immediately prior to their entering the Home/Hospital? YES/NO*

If NO, please give the above person's last main residence:
.....

6. Is the property occupied? YES/NO*

If YES, the names of the occupier/s:

7. Is the property furnished? YES/NO*

If NO, the date the furniture was removed:

8. Is/was the above person the owner or tenant? OWNER/TENANT*

If the above person is/was the tenant, please give the name and address of the landlord:

.....
.....

Date the tenancy terminated:

9. If the above person is the owner, is the property for sale/sold? YES/NO*

If sold, please give the completion date of the sale:

Name and previous address of the new owners (if known):

.....

.....

Or the acting solicitor:

.....

10. Address where future correspondence should be sent:

.....

* 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.

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