

COUNCIL TAX EXEMPTION APPLICATION FORM RECEIVING CARE ELSEWHERE

Council Tax Reference Number

Home Address:

PART A – NEW ADDRESS

1. Address where you are receiving care:
.....

2. Date this became your main home:

3. Name and address of the person providing personal care:
.....

4. Details of the type of care you receive:
(e.g. help with washing, dressing etc.)

5. Are you in receipt of attendance allowance: YES/NO*

If YES, please enclose your allowance book or letter of entitlement from the DWP.

This will be returned to you as soon as possible.

6. Reason the care is required: (please tick appropriate box and enclose any documentary evidence to support your claim).

- | | |
|--|--------------------------|
| (a) Old age | <input type="checkbox"/> |
| (b) Disablement | <input type="checkbox"/> |
| (c) Illness | <input type="checkbox"/> |
| (d) Past or present alcohol or drug dependence | <input type="checkbox"/> |
| (e) Past or present mental disorder | <input type="checkbox"/> |

* Please delete where appropriate

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PART B

1. Date the above address ceased to be your main home:
2. Is the property furnished? YES/NO*
If NO, the date the furniture was removed:
3. Is the property occupied? YES/NO*
If YES, the name/s of the occupier/s:
.....
6. Are/were you the owner or tenant? OWNER/TENANT*
7. If you are/were the owner: -
 - (a) Is the above property for sale/sold? YES/NO*
 - (b) If YES, the completion date of the sale:
 - (c) The name and previous address of the new owners (if known):
.....
or the acting solicitor:
8. If you were the tenant, please give: -
 - (a) The name and address of the landlord:
.....
 - (b) The date the tenancy terminated:
9. Address where future correspondence should be sent:
.....

*Please delete where appropriate

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: Tel No:

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