

**COUNCIL TAX
DISCOUNT FOR PEOPLE IN
HOSPITAL, CARE/NURSING HOMES
APPLICATION FORM**



*Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.*

Your address:

Revenue Services
County Hall
Mold
Flintshire CH7 6NA

Telephone Number: (01352) 704848

If you need to contact us, please quote your:-

Account Reference Number

A person who is receiving care, and is resident in a hospital, residential care home or nursing home, is not treated as a resident, for Council Tax purposes, at the property that they were living in before moving to a hospital, residential home or nursing home. This is known as a 'discount disregard'.

This means that, dependent on the number of other residents in your household, you may be entitled to a discount on the amount of Council Tax that you pay.

If a property is left unoccupied because the last person who lived at the property is now a long-term resident in a hospital, residential care home or nursing home, the property is in most cases exempt from Council Tax. To qualify the person who no longer lives at the property must be the owner of the property concerned or have a tenancy agreement to occupy the property beyond the date they were admitted to hospital, residential care home or nursing home.

We will look to see if you are entitled to a discount or exemption if you complete, sign and return this form to the above address. Please complete this form in **BLACK INK**

If you need any help or advice to complete this form, you are welcome to visit one of our Connects Centres in Buckley, Flint, Connahs Quay or Holywell (opening times as advertised)

A	YOUR HOUSEHOLD DETAILS
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- Please tell us the full names of all the people aged 18 or over who are living in your household, including the person who is currently in a hospital, residential care home or nursing home. If the property is empty and unoccupied because the last person to live at the property now resides in a hospital, or care/nursing home, please tick the box in Question 2

Title	First Name	Surname

- If the property is currently unfurnished and unoccupied, please tick the box.

3. Please provide the name and address of the owner/landlord of the property if this wasn't the person who now lives in a hospital, residential care home or nursing home.

Name of Owner/landlord	Address
	Postcode:

B	THE PERSON IN HOSPITAL, CARE/NURSING HOME
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4. Please tell us the full name of the person who is a resident in a hospital, residential care home or nursing home.

Title	First Name	Surname

5. Please advise us if the above-named person intends to return to the property Yes No

Privacy Notice

Flintshire County Council will use the information you give in this form, and any supporting evidence you provide to assess your liability for Council Tax. This is required under Local Government Finance Act 1992 and all other relevant regulations associated with the assessment of Council Tax.

We will keep your data for the duration when you are liable to pay Council Tax and for a period of 7 years after your liability to pay Council Tax has ended.

We may share your information with other Council services in order to ensure our records are accurate and up-to-date, to improve the standard of the services we deliver, and to perform any of our statutory duties, including enforcement duties.

Flintshire County Council may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give information to them to:

- make sure the information is accurate
- prevent or detect crime
- the assessment or collection of any tax or duty or of any imposition of a similar nature
- protect public funds.

If you feel that Flintshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or by calling their helpline on 0303 123 1113.

For further information about how Flintshire County Council processes personal data and your rights, please see our privacy notice on our website – <http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx>

C	DECLARATION
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The information I have given on this form is correct. If I qualify for a Residential Care Discount or Exemption, I agree to tell Flintshire County Council if the person who is in care returns to the property, or the circumstances change.

Your Signature _____ Date: _____

Your Full Name (Please print) _____

Relationship to the Person in Care _____

Your Contact Telephone Number () _____

Would you like to receive your council tax bill by e-mail? Yes* No

*E-mail address: _____

The attached form should be passed to the hospital or residential care/nursing home so that they can complete Section D. Please ask the person who you hand this form to, at the hospital or home, to return it back to you, so that you can send it to the Council.

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D	DECLARATION BY A HOSPITAL OR RESIDENTIAL/NURSING HOME
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This section must be completed by a person authorised by the hospital or residential/nursing home

Name and Home Address of Person resident in hospital, residential care home or nursing home

Name and address of hospital, residential care home or nursing home

Is the person, named above a patient in this centre?

Yes

No

If 'Yes' please state the date he/she became a patient

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Your signature _____ Date: _____

Your name (please print) _____

Your status/position _____

Your Contact Telephone Number _____

NB Please return the completed form to the person making this application. The declaration that you have made will only be used for the purposes of deciding whether a Council Tax discount can be awarded. If you wish to charge for signing this declaration, you must pass on your charges to your patient.

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