



Persons living in hospital or in residential care exemption

Please fill in this form to apply for this **exemption** and send it to:

Local Taxation Service			
PO Box 303	Date:		
Witney	Date:		
OX28 IWP	Council tax bill nur	mber:	
If as a result of a person residing in a hospital, care home, etc, on a permanent basis their home is left unoccupied and they remain the liable person for council tax purposes, there may be entitlement to an exemption from the council tax. If they return home between treatments it does not qualify as permanent.			
Details of applicant			
Full name			
Address and postcode			
Contact telephone number			
Email address			
Is this property owned or rent?			
If rented, please supply the name & address of the landlord			
Is anyone still living in the property?			
Are they expected to return home?	Yes	No	
If yes, please give date if known:			

Date left their home	
Name & address of the hospital/residential care home	
Reason for the care	
Name of Doctor/Consultant:	
(It may be necessary to obtain relevant application, or to establish the correct	information, from the doctor, to establish the validity of an effective date.)
Declaration	
I accept responsibility for making this a in is true and accurate to the best of m	pplication and declare that the information contained here by knowledge and belief.
Your signature	Date
The Council are the Data Controllers	for the purposes of the Data Protection Legislation

We will only use your personal information in accordance with the Legislation and for the

use information about you for other purposes, unless the law allows us to.

purposes of the Revenues & Benefits . We will not give information about you to anyone else, or