



For office use Only

PRN:

DATE SENT:

APPLICATION FOR COUNCIL TAX DISCOUNT - PEOPLE LIVING PERMANENTLY IN HOSPITAL, A CARE HOME, A NURSING HOME OR CERTAIN HOSTELS

Thank you for your enquiry regarding a reduction in your Council Tax. Please fill in this form and return it immediately to: **Birmingham City Council, Resources, (Revenues and Benefits), P.O Box 5, Birmingham B4 7AB.**

To qualify for this discount you must be either receiving care or treatment whilst living in a hospital, care home, nursing home or certain hostels. Short periods of absence will not qualify.

Section A

i. How many people live in the property who are aged 18 or over? Remember to include yourself and the person permanently living in a hospital or a home.

ii. If no one lives in the property, is it furnished? Yes No

iii. If not furnished, on what date was the furniture removed? _____

iv. What is the name and address of the owner/joint owners of the property? _____

Section B

Please fill in the following information.

- i. Full name of the person living in hospital, care home, nursing home or hostel.

- ii. Address of the hospital, care home, nursing home or hostel.

- iii. Date the person entered the hospital/home/hostel. _____

- iv. Date the person is expected to leave the hospital/home or hostel. _____

Section C

Name and address to where future correspondence should be sent.

Section D

Birmingham City Council has a duty to maintain accurate records for billing and collection of Council Tax. In order to meet this requirement the City periodically reviews all records including those where allowances discounts and relief's are granted. These records may be checked by using information already held by the City and its partner organisations such as credit referencing agencies to identify cases where such allowances, discounts and reliefs no longer apply.

Declaration

I declare the information that I have given is correct and complete to the best of my knowledge. I understand the council may make enquiries to verify the information I have given.

I will notify you immediately if my circumstances change which will affect the amount of Council Tax I am charged.

Please sign the form and give your daytime telephone number, as it may help us to deal with your application quickly.

Signed _____

Date _____

Print Name _____

Telephone Number _____

Email address _____