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

Na	me of Resident:	
Со	uncil Tax Account Reference Number:	
1.	Home Address:	
2.	Name and address of Hospital/Nursing Home/Rest Home:	
	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 come	olete and accurate to the	best of my knowledge.
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REMEMBER, if you give false information, you may be prosecuted.

Signature		Date	
Full Name (Bl	LOCK CAPITALS)		
Telephone			

**Please note:** 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 return form to: CenSus Revenues and Benefits Services, PO Box 10607, Nottingham, NG6 6DU