

COUNCIL TAX LONG TERM HOSPITAL PATIENTS DISCOUNT



COUNCIL TAX (RESOURCES)
Town Hall, Ripley, Derbyshire, DE5 3BT
Tel: 01773 841440
Fax: 01773 841462
SMS: Text COUNCIL and your message to 60060
E-mail: council.tax@ambervalley.gov.uk
Web: www.ambervalley.gov.uk

Note

Applications for discount will only be considered if the patient has been in hospital for a least three months.

Ref number: _____ Date issued: _____

1. Name of applicant (person to whom the bill is sent): _____

2. Address: _____

3. Number of people living in this property (aged 18 or over): _____

4. Name of patient: _____

5. Name and address of hospital where the person has been admitted: _____

6. Date admitted: _____

7. Likely date of discharge: _____

8. Is the above expected to return home permanently? YES / NO

9. Address to which correspondence may be sent: _____

Declaration

I declare that the information on this form is correct. I understand I must notify you immediately if there are any changes to the property or household which may affect any reduction I am granted.

Signed (applicant): _____ Date: _____

Daytime tel no.: _____ E-mail address: _____

(Not compulsory but useful if we need to contact you)

You must notify the Council Tax Section immediately if you have any changes in circumstances. If the property is sold please notify the Council Tax Section of the date of sale and the name of the purchaser. This form should be returned to the address shown above.