



Guildhall
Marshall's Yard
Gainsborough
DN21 2NA
Telephone: (01427) 676676
Web: www.west-lindsey.gov.uk

HOSPITAL AND NURSING HOME DISCOUNT

The full Council Tax is made up of a property element (50%) and a person element (50%). The full charge assumes that there are two (or more) adult occupiers and if there is only one adult occupier a discount of 25% may be claimed.

Certain people are 'disregarded' for Council Tax purposes – that is they are treated as if they are not resident, which can result in a discount.

A person normally resident in the property but whose sole or main residence is now **permanently** in a **HOSPITAL, NURSING** or **CARE HOME** will be disregarded if:

- ◆ their sole or main residence is in a National Health Service Hospital in England, Wales or Scotland OR
- ◆ their sole or main residence is in a Military, Air Force or Naval unit establishment where medical or surgical treatment is carried out for armed forces personnel OR
- ◆ their sole or main residence is in a recognised Residential Care Home, Nursing Home Mental Nursing Home or Hostel in England and Wales, AND
- ◆ they are receiving care or treatment (or both) in the home/hostel.

NB If the person is in a Hospital or Nursing or Care Home for a short time only and they are expected to return home within 12 months, the Hospital, Nursing or Care Home will not be considered to be their sole or main residence and they will be included in the number of adult residents in the property.

Where a person is admitted to Hospital and transfers directly from Hospital to a Care or Nursing Home on a permanent basis a disregard may be considered from the date the person was first admitted to Hospital.

IN ORDER THAT A DISCOUNT CAN BE CONSIDERED, PLEASE COMPLETE THE FORM OVERLEAF AND RETURN TO THE ABOVE ADDRESS

Data Protection – We are asking for this information in accordance with the provisions of the Council Tax (Administration & Enforcement) Regulations 1992 (Reg.3) and the Data Protection Act 2018 Paragraph 2, Schedule 2. It will be used to help us determine your liability for and collect your Council Tax. It may be shared with other Sections of this Council, with other Councils and with other public bodies to determine eligibility for Housing Benefit, liability for Council Tax, to collect Council Tax, to assess and collect other Taxes and Duties, to help detect and prevent fraud, to help detect and prevent crime and to carry out public duties.

West Lindsey District Council Privacy Notice

To find out more about why we need your information, what we will do with it and how to contact us if you have any concerns or questions please read our 'privacy notice' <https://www.west-lindsey.gov.uk/privacy/>
For Revenues specific concerns or questions please read our Revenues Privacy Notice <https://www.west-lindsey.gov.uk/privacy/revenues-privacy-notice/>

If you require a written copy of either of these statements please contact the Customer Service team on 01427 676676

PLEASE COMPLETE THIS FORM IN BLACK INK

Address prior to moving into Nursing Home/Hospital

Total Number of Adults aged 18 years or over who remain in the property

Is the property furnished? **YES / NO** if **NO** date last item removed?

Is the property rented? **YES / NO** Date tenancy ended? (if appropriate)

State Name, address and telephone no of the owner of the above property

Full Name of patient

Name, address and telephone no. of Nursing/Care Home **AND** Date of Admission

Was the patient transferred directly from a Hospital/Nursing/Care Home?

YES / NO

If **YES** state Name address and telephone no. of Hospital/Nursing/Care Home **AND** Date of Admission

Is the Nursing Home/Care Home stay intended to be permanent?

YES/NO

If **NO** state date expected to return home and address patient will return to

If **YES** state date stay became permanent

Has the patient been discharged at all since the first admission date?

YES/NO

Nursing/Care Home official stamp

OR

Signature of Matron

Full name in capitals

Date

DECLARATION AND SIGNATURE

WARNING: Deliberately giving false information could lead to prosecution

I declare that the information I have given on this form is complete and accurate to the best of my knowledge and I understand that West Lindsey District Council may check the information given.

Signature

Date

Full name in capitals

Contact telephone No.