

Explanatory Leaflet for Council Tax Discount / Exemption for Long Term Care or Residential Hospital Form

The Council Tax and Water Service charges on a property may be reduced where one or more adult residents receive personal care in a hospital or residential home or from a relative elsewhere.

When after excluding persons receiving care elsewhere there is only one person who has sole or main residence the council tax will be reduced by 25%. Where the property is empty because the persons normally resident are considered to have their sole or main residence at the place they receive care, the property will be exempt from Council Tax and water service charges. It should be noted that if the last person who lived in the property is not the person receiving care then no exemption can be awarded under this category.

A person may be disregarded if their sole or main residence is in a National Health Service, Private or Armed Forces Hospital or in a residential care home, nursing home or hostel where they receive care or treatment.

To apply for a discount or exemption on the basis of receiving personal care, the person liable to pay the Council Tax or someone acting on their behalf should complete the application, sign the declaration and return it to the address shown at the bottom of the page. The application should provide details of the property and the location, periods and type of care or treatment, and where appropriate this should be confirmed by the hospital or home.

There are no set periods that define sole or main residence where a person receives care elsewhere. The application should give as much information as possible to allow us to reach a decision.

If you qualify for a discount we will send you a replacement Council Tax bill showing the reduced sum due. If the claim is unsuccessful or we require further information we will telephone or write to you.

Review of the Exemption / Discount

The exemption / discount will continue providing the qualifying criteria are being met. However, North Ayrshire Council will conduct a review of the circumstances by contacting the next of kin, the nursing home or hospital. There is a contact section included on this form which should be completed with the relevant details. If at any time you believe the reduction no longer applies then you must contact the Council immediately.

Do you need Help with this Form?

If you have any questions regarding this application please telephone 0845 603 0592 from 08.30am to 05.30pm Monday to Friday. You can also visit the public enquiry desk on the ground floor, Cunninghame House, Irvine from 09.00am to 04.45pm Monday and Tuesday, 10.15am to 04.45pm on Wednesday, 09.00am to 04.45pm on Thursday and 09.00am to 04.30pm on a Friday or use the Contact Us facility on the Councils Website.

What do you think?

We value the opinions of our customers. This form has been designed to be in plain, jargon free language however, if you find any of the sections difficult to understand or complete please let us know by completing the suggestion box at the end of the form.

Council Tax Reference No.	«ref»
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> Please supply the following telephone numbers in case we need to contact you regarding this application.

Daytime Telephone No.	
Evening Telephone No.	
Email Address.	

> Section 1: To be completed by the person liable for Council Tax

What is your full name?	
What is the full address including postcode of property?	
What is your full address including postcode for correspondence? (if different from above)	
What is the full postal address where care is being provided?	
Please indicate the number of persons 18 years of age or over usually resident in the house including the person in care.	

➤ Section 1: Contact details for next of kin.

Please provide the name, address and contact telephone number for any relative or next of kin.	Name:
	Address:
	Telephone Number:

> **Section 2 :Confirmation by the hospital / care home / GP**

Name of person receiving care:	
I confirm that the above person was admitted to this establishment / came to reside at this property on the following date:	
Expected discharge date / Date due to return home :	
The following care / treatment is received by the person named above:	
Hospital / Care Home/ GP Stamp (below)	Signed:..... Position:..... Date:.....

Declaration	
<p>I declare that the information I have given in this form is correct and complete and I agree to notify you immediately of any changes that might affect my council tax.</p> <p>I understand that the deliberate provision of false information in order to achieve financial gain is a Criminal Offence and you may check the information with other sources as allowed by the law.</p> <p>I understand that any information I have provided will be used in the administration of my council tax account. You may give information to other parties if the law allows this.</p>	
Signature of liable person	
Date	

What do you think?

<p>Was the form easy to complete?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered No please give details:</p>
<p>Was the form easy to understand?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered No please give details:</p>
<p>Was there any information not included on the form which you would like to see included?</p>	
<p>Do you have any suggestions on how the form could be improved?</p>	