



**APPLICATION FOR COUNCIL TAX DISCOUNT
PATIENTS IN HOSPITAL**

Council Tax Reference Number:.....

Full Names of Council Taxpayer(s):

.....

Address:.....

.....

.....

Telephone Number:.....

Thank you for your recent enquiry regarding Council Tax Discount, as a member of your household has gone into hospital permanently, or does not intend to return to your household, but possibly go into a Nursing/Care Home for example.

This discount cannot be given if that person is staying in hospital for the purpose of receiving medical treatment or surgery, and expects to return home when recovered.

If you think you may qualify for discount under this category, please complete the following questions and return this form so that any entitlement can be assessed.

1. Name of person in hospital: _____

2. Date entered hospital: _____

3. Does the above person intend to return to their home YES

4. Has the property been left unoccupied YES

If No please advise how many residents (over 18) still occupy the property _____

Please give details of their name(s)

If yes please advise what is going to happen to the property now: -

To be sold	<input type="checkbox"/>	Handed back to owner	<input type="checkbox"/>
Let	<input type="checkbox"/>	Other	<input type="checkbox"/>

If you have any further information i.e. date property sold, new owners details etc please list below:

It would be helpful if you could give the name and telephone number of a person who could be contacted regarding any queries that may arise from this form.

Name _____

Address _____

NB If you require any Council Tax correspondence relating to this property to be sent to a different address please state address below.

Signed.....

Date.....

Please return to Revenues Department, West Wiltshire District Council, Bradley Road, Trowbridge, Wiltshire BA14 0RD