**COUNCIL TAX**

**EXEMPTION – HOME OR HOSPITAL RESIDENT**

Charnwood Borough Council, Southfield Road

Loughborough, Leicestershire, LE11 2TX

TEL : 01664 634666

E-MAIL : council.tax@charnwood.gov.uk

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Account No: | Property Reference: | Date: | |
|  |  | 25/06/2010 |  |

I have been advised that                   is now a permanent resident receiving care at a . To ensure that my Council Tax records are accurate, please provide the details requested below and return this form to **Charnwood Borough Council, Council Tax Dept, Southfield Road, Loughborough, Leicestershire, LE11 2TX**. Your reply within 14 days would be appreciated. Thank you in anticipation of your assistance in this matter.

|  |
| --- |
| **Name:**  **Property:** **,** **,** **,** **,** **.** |
|  |
| **Now resident and receiving care at:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **On what date was the above person last resident at**  **?** |  | **On what date was all the furniture removed from the property? (If app.)** |  |

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| --- | --- | --- | --- | --- | --- |
| **Did he/she own or rent the property?** |  | **Owned** |  | **Rented** |  |

|  |  |
| --- | --- |
| **Who now owns the property?** | |
| **Name:**  **Address:**  **Post Code:** |  |

|  |  |
| --- | --- |
| **What was the date of sale/end of tenancy? (If applicable)** |  |
| **On what date did the above named person become resident at the home/hospital?** |  |

|  |  |
| --- | --- |
| **Where was he/she resident between the above dates, if different?** | |
| **Post Code:** |  | |
|  |  |
| **Is he/she now a permanent resident, receiving care at the home/hospital?** | **YES/NO** |

|  |  |
| --- | --- |
| **To whom should correspondence be sent in respect of the above property?** | |
| **Name:**  **Address:**  **Post Code:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION – To be signed by the person liable for Council Tax or someone who has Power of Attorney to act on their behalf**  **(confirmation of Power of Attorney must be provided)**  **I declare that the information given above is correct to the best of my knowledge.** | | | |
| **Full Name:** |  | **Date:** |  |
| **Signed:** |  | **Telephone No. – Day:** |  |
| **Eve:** |  |

**PTO**

**Data Protection**

For information about how & why we may process your personal data, your data protection rights or how to contact our data protection officer, please view our Privacy Notice www.chanwood.gov.uk/privacynotice