

PLEASE RETURN TO:

NORTH LANARKSHIRE COUNCIL
PO BOX 9060
MOTHERWELL ML1 1PF



Name: _____

Address: _____

*The above must be completed

Council Tax Reference: _____

(As per Council Tax Notice)

Chief Executive's Office

Elaine Kemp
Head of Financial Solutions
PO Box 9060
Motherwell
ML1 1SH
www.northlanarkshire.gov.uk

COUNCIL TAX DISCOUNT-LONG TERM PATIENT IN HOSPITAL/RESIDENTIAL HOME

The Council Tax due on a property may be discounted to reflect the personal circumstances of the adult residents. Such a reduction will apply where less than two adults are resident in the property. For the purpose of the reduction, adults who meet the undernoted qualifying conditions shall be disregarded when counting the number of adults in the house.

If you want to apply for discount, please provide the information requested overleaf, sign the declaration and return the form to the address shown above.

QUALIFYING CONDITIONS FOR: LONG-TERM PATIENT IN HOSPITAL/RESIDENTIAL HOME: -

A person who has their sole or main residence in a N.H.S./Armed Forces hospital or in a residential care home/nursing home/private hospital/hostel where they receive care or treatment.



DISCOUNT : LONG – TERM PATIENT IN HOSPITAL/RESIDENTIAL HOME

SECTION 1: TO BE COMPLETED BY A LIABLE PERSON

I apply for discount on the basis that (name): - _____

Date of birth: - _____ / _____ / _____

Meets the qualifying conditions noted overleaf.

The number of adults (including the above named) usually resident in the house is

SECTION 2: TO BE COMPLETED BY HOSPITAL/HOME

I confirm that the above person was admitted to the establishment on _____ / _____ / _____ and in my opinion their residence is likely to be of a permanent nature.

They receive the following care/treatment: -

ESTABLISHMENT STAMP

SIGNED: - _____

POSITION: - _____

DATE: - _____ / _____ / _____

I DECLARE that I will notify the Council within 21 days of any change in circumstances which may affect my liability e.g. discount status no longer applies or the number of adults in the house increases.

NOTICE UNDER THE DATA PROTECTION ACT & INFORMATION GOVERNANCE

It is an offence to give false information. Make sure that you understand what you have written before you sign the declaration. Any claim that is found to be fraudulent may be passed to the Procurator Fiscal and may be subject to criminal prosecution. We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of the information to prevent or detect crime or to protect public funds in other ways, as permitted by law. These third parties include Government Departments, Local Authorities and Credit Reference Agencies.

NOTE:- It would assist the Council if you notify the Head of Financial Solutions in the event of a change of address.

SIGNATURE OF LIABLE PERSON: -

DATE: - _____ / _____ / _____