## APPLICATION FOR A COUNCIL TAX DISCOUNT FOR PERSONS RESIDENT IN A HOSPITAL, NURSING OR RESIDENTIAL CARE HOME



PRIVATE & CONFIDENTIAL

Our Ref:	
Telephone:	01452 396396
Email:	revenues@gloucester.gov.uk
Website	www.gloucester.gov.uk
Date:	

A discount may apply to a household where a person normally resident, now has his/her sole or main residence in hospital, a nursing home, or a residential care home. Information has been received from, or on behalf of, the person shown below and a discount under this category has been claimed.

Please complete the information relating to the following person:

	Name: Previous Address:
1.	Date the above named person was admitted
2.	Is the residency temporary or permanent? Temporary Permanent
3.	If temporary, will the person be returning to their own home on leaving your premises?
4.	Yes No   If no, where will they be moving to?
5.	If the residency is permanent, please give the date on which it was decided that the residency would be Permanent.

## **Declaration:**

I declare that the information given is correct. I do not object to the council making any necessary enquiries to check this information. If there are any changes in the future to the information I have given, I must notify Gloucester City Council of any changes in circumstance within 21 days, failure to report a change my result in a penalty and possibly lead to prosecution.

Signature:	Print Full Name:	
Email address:	Phone Number:	Date:

## Thank you for your co-operation. Please return this form to the address below.

Please Note: The information provided on this form may also be used by the Benefits Services to amend any benefit entitlement.