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

Gloucester City Council
Transforming Your City

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?
Yes ☐ No ☐

4. 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:

Administrator's name: (Block Capital ……

Signature:……Date: …….. Tel No: … … … … … … … … … … … … … … …

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.