

PLEASE RETURN TO:

NORTH LANARKSHIRE COUNCIL
PO BOX 9060
MOTHERWELL ML1 1PF



Name: _____

Address: _____

Chief Executive's Office

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

*The above must be completed

Council Tax Reference: _____

(As per Council Tax Notice)

COUNCIL TAX EXEMPTION : PATIENT IN HOSPITAL/HOME

In terms of schedule 11 of the Local Government Finance Act 1992, and the Council Tax (Exempt Dwellings) Scotland Order 1992 (as amended), a dwelling house may be exempt from Council Tax (including the water and sewerage charge) if it falls within the category shown below.

An unoccupied dwelling house which on the last occupation day was the sole or main residence of a person who now has his/her sole or main residence in a:

1. Hospital
2. Care Home
3. Independent Hospital or Hostel
4. Private Hospital

- Please supply the details requested, sign the declaration overleaf and return this form, together with any supporting documentary evidence, to the address shown above.
- Please note: Exemption will not be granted unless supported by evidence to verify your application.
- An inspection of your property may be required.

Yours sincerely

A handwritten signature in black ink, appearing to read 'P. Doherty'.

P Doherty
Incomes Manager



SECTION 1: TO BE COMPLETED BY THE LIABLE PERSON OR PERSON ACTING ON THEIR BEHALF

I wish to apply for exemption on the basis that (NAME OF LIABLE PERSON) _____meets the qualifying condition(s) as stated overleaf.

The number of adults (including the liable person) usually resident in the house is _____ (Total)

SECTION 2 - TO BE COMPLETED BY HOSPITAL/HOME		
Name of establishment		
I confirm the following details:		
The above named person was admitted to this establishment on this date		/ /
Is the above named person likely to be discharged in the near future?		YES / NO
Their expected date of discharge (if known) is		/ /
Signed:		HOSPITAL/HOME STAMP
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. exempt 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 _____

Date ____/____/____