

COUNCIL TAX EXEMPTION APPLICATION
PROPERTY LEFT EMPTY BY A PERSON(S) LIVING IN A HOSPITAL OR CARE HOME (CLASS E)

Name	<input type="text"/>	Account no.	<input type="text"/>
Address	<input type="text"/>		

(this is shown on your Council Tax bill)

IMPORTANT INFORMATION - PLEASE READ THE NOTES BELOW BEFORE FILLING IN THIS FORM:

An empty property where the owner or tenant now lives permanently in a hospital, care home, nursing home or hostel will be exempt from the payment of Council Tax.

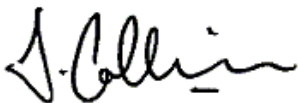
The grounds for qualification are:

1. The empty property must previously have been the main home of the owner or tenant; and
2. The owner or tenant have been living in a hospital, care home, nursing home or hostel for all the period since they moved out.

For example, if a person goes into hospital and then transfers to a care home without returning home, the exemption will apply from the date they went into hospital.

If you wish to apply for this exemption please complete the details on the back of this form.

Yours sincerely



Strategic Director and Borough Treasurer
Resources and Digital

WHERE SHOULD I SEND MY COMPLETED FORM?

Return by post to: Gateshead Council, Council Tax Section, Civic Centre, Regent Street, Gateshead NE8 1HH

Return in person to: Council Tax Reception Desk at the Civic Centre

Alternatively scan and email your completed application to counciltax@gateshead.gov.uk

COUNCIL TAX EXEMPTION APPLICATION

PROPERTY LEFT EMPTY BY A PERSON LIVING IN A HOSPITAL, CARE HOME, NURSING HOME OR HOSTEL

I can confirm that the information I am about to provide is correct. I understand that any exemption will only be awarded on the basis of my current circumstances. I will inform Gateshead Council of any change within 21 days of the change happening. I understand that if I fail to report such a change a fixed penalty may be imposed on me and I will have to repay any overpaid exemption.

Full Name of Council Taxpayer: _____ Council Tax Account Number: _____

Address of Property This Exemption Claim Relates: _____

IF YOU ARE NOT THE COUNCIL TAXPAYER FOR THE ADDRESS THE EXEMPTION IS BEING APPLIED FOR PLEASE COMPLETE THE FOLLOWING:

Your Name and Address: _____

Relationship to the Person(s) in Hospital / Care Home: _____

Should Future Council Tax correspondence be sent to you? Y/N _____

In accordance with Data Protection Law, Gateshead Council may use any information you give us to prevent or detect fraud or other crimes. Gateshead Council may also share information with other Council Services or public organisations if required by Law to do so.

Signed: _____ Date: _____

Daytime Telephone Number: _____ E-mail: _____

1. NAME OF PERSON LIVING IN HOSPITAL, CARE HOME, NURSING HOME OR HOSTEL – Please tell us the name of the person who used to live in the property but now live in a Hospital, Care Home, Nursing Home or Hostel.

Full Name	Date Moved Out	Owner Or Tenant?

2. NAME AND ADDRESS OF HOSPITAL, CARE HOME, NURSING HOME OR HOSTEL – Please tell us details of where lived since moving out of the property.

Name and Address of Hospital, Care Home, Nursing Home or Hostel	Date Moved In	Date Moved Out (if applicable)

3. CONTACT NAME – Please tell us a contact name and telephone number for the Hospital, Care Home, Nursing Home or Hostel where the person is currently living. Alternatively, if a Social Worker is involved you can provide them as a contact.

Name of Contact	Telephone Number	Social Worker Y/N