



Persons living in hospital or in residential care exemption

Please fill in this form to apply for this **exemption** and send it to:

Local Taxation Service
Cotswold District Council
Trinity Road
Cirencester
Gloucestershire
GL7 1PX

Date:

Council tax bill number:

Details of applicant	
Full name	
Address and postcode	
Contact telephone number	
Email address	
Is this property owned or rent?	
If rented, please supply the name & address of the landlord	
Is anyone still living in the property?	
Are they expected to return home?	Yes No If yes, please give date if known:
If as a result of a person residing in a hospital, care home, etc, on a permanent basis their home is left unoccupied and they remain the liable person for council tax purposes, there may be entitlement to an exemption from the council tax. If they return home between treatments it does not qualify as permanent.	

Date left their home	
Name & address of the hospital/residential care home	
Reason for the care	
Name of Doctor/Consultant	
(It may be necessary to obtain relevant information, from the doctor, to establish the validity of an application, or to establish the correct effective date.)	

Declaration

I accept responsibility for making this application and declare that the information contained is true and accurate to the best of my knowledge and belief.

Your signature..... Date.....