

**COUNCIL TAX - PERSONAL DISCOUNT APPLICATION
CATEGORY - LONG TERM RESIDENTIAL CARE**

THIS FORM MUST BE COMPLETED BY THE LIABLE PERSON

**Executive Director of Corporate Services
Customer Services & IT
P.O. Box 216
Dundee
DD1 3YJ**

ACCOUNT No

PROPERTY REFERENCE No.

Name of liable person

Address

Post Code Tel. No.

Address of Property for which discount is sought if different from address opposite.

1 How many persons aged 17 or over (including yourself) have the dwelling as their sole or main residence? If no-one has their sole or main residence in the dwelling, write NIL in the box.

(a) If the answer is nil or one please give the date these circumstances took effect.

NB IF NIL, YOU NEED ONLY COMPLETE THE CLAIMANTS CERTIFICATE AT THE END OF THIS FORM.

(b) If you are applying for this discount because someone has moved out of the property please give their details.

NAME	FORWARDING ADDRESS	DATE MOVED OUT OF PROPERTY

2 Please supply name of all persons included in **1** above and state the relationship to you, if any. If any are under 18, please give date of birth.

NAME	RELATIONSHIP	DATE OF BIRTH	DATE MOVED INTO PROPERTY
1	CLAIMANT		
2			
3			
4			
5			
6			
7			

3 If any of the above persons are 18 or over and child benefit is still payable in respect of them, please give details below.

NAME	DATE CHILD BENEFIT WILL CEASE	NAME	DATE CHILD BENEFIT WILL CEASE

4

Are any of the persons listed in **2** (over) receiving long term care in a Residential Home or Hospital?

YES / NO

If YES, please provide their name, the name and address of the Home or Hospital and the date such care began.

Name _____ Date _____

Name & Address of Home/Hospital _____

CLAIMANTS CERTIFICATE

We must protect the public funds we handle and so we may exchange information about you with other organisations such as government departments and other local authorities in order to check the accuracy of information, to prevent or detect crime, or protect funds in other ways as allowed by law. We will not release information about you to anyone outside the council unless the law allows us to.

I declare that the information given in this application is to the best of my knowledge and belief correct and undertake to notify you immediately if the circumstances in the dwelling change.

YOU MAY BE LIABLE TO A £50 PENALTY IF YOU TRY TO OBTAIN COUNCIL TAX DISCOUNT FOR YOURSELF OR ANYONE ELSE DISHONESTLY.

SIGNATURE _____ DATE _____

All relevant sections of this form must be completed. Failure to do so may delay the processing of your application.

If you require any assistance or help in completing this form please contact:-

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P.O. Box 216
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Tel: 01382 431205