# Class E - Property Left Furnished But Unoccupied As A Former Resident In Care Home/Hospital

#### Who can apply?

The application should be made by the person liable to pay the Council Tax but is now a resident in a care home or hospital. The unoccupied dwelling must previously have been the sole or main residence of the absent person who must have been absent for the whole of the period since last living in the property.

#### When will an exemption be awarded?

If someone has a short stay (less than six weeks) in hospital, it has no effect on the council tax liability. Sometimes a patient can be in hospital for such a lengthy period that the hospital becomes their sole and main residence. If your home is left empty providing it was previously your sole or main residence it will usually be exempt.

The establishment must be:

- An NHS hospital or NHS Trust hospital within the meaning of the National Health Service Act 1977.
- A military, air force or naval unit in which medical or surgical treatment is provided for people subject to military, air force law or naval discipline
- a residential care home
- a nursing home
- a mental nursing home
- a hostel in England or Wales

#### What happens next?

You need to complete the application form. Once we receive your application with the supporting evidence we will assess it and if you are successful we will issue a reduced Council Tax bill.

## **Appeals**

If the Royal Borough decides not to award an exemption you can appeal in the first instance to the Council Tax office within 28 days of notice of the decision stating your reasons. However you may not appeal against the amount of the discount.

## **PLEASE NOTE:**

Making an application for an exemption is not grounds for non-payment of Council Tax. Payment must be made in accordance with the bill already issued until you have received confirmation that the request has been granted.



## Class E - Property Left Furnished But Unoccupied As A Former Resident In Care Home/Hospital

Please read the supplementary notes before completing this form as you may need to provide supporting evidence/information that is not readily available.

Please note:-

Making an application for a discount or exemption is not grounds for non payment of Council Tax. Payment must be made in accordance with the bill already issued until you have received confirmation that the request has been granted.

Full name of person in care home/hospital
Their date of birth
Council tax reference number
Their home address
Name & address of care home/hospital
Date moved into care home/hospital
Is anyone living at their home address? Yes No
If yes, please provide the names of all applicants aged 18 or over who live there
If no, is the property up for sale? Yes No
Who is the registered owner of the above property?
Signed:
dated:
Print name
Contact telephone number
ROYAL borough of GREENWICH

## Email address

Please return this application form, with any supporting documents that may have been requested to;

Royal Borough of Greenwich Revenues & Benefits Service Director of Finance The Woolwich Centre 35 Wellington Street London SE18 6HQ



## Declaration

#### Please read carefully before you sign.

I/we understand the information contained on this form is correct and complete and I/we agree to notify the Council Tax section immediately should there be a change in circumstances that may affect the discount.

I/we understand that anyone who provides false information or fails to notify a change of circumstances for the purpose of obtaining / retaining a Council Tax reduction discount is committing an offence and may be liable to prosecution.

The Royal Borough of Greenwich has a duty to protect the public funds it administers and may use the information you have provided on this form within this authority for the prevention and detection of fraud. We may also share this information with other bodies administering public funds which may include other councils and government departments.

I/We have read, understood and agree to comply with the declaration above.

Your signature

Date

Daytime telephone number

Email address

