

Discount - Patients in homes or hospitals

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 hospital:		
Council tax reference number:		
Their home address:		
Name & address of hospital:		
Date moved into hospital:		
Is anyone living at their home address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
Who is the registered owner of the property?		

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.

Signed _____

Print full name _____

Date _____

Daytime phone no. _____

Email address _____

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

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