



Bedford Borough Council
 LOCAL TAXATION OFFICE, BOROUGH HALL
 CAULDWELL STREET, BEDFORD MK42 9AP
 Telephone Bedford (01234) 718097
 Email: localtax@bedford.gov.uk Web: www.bedford.gov.uk

For Office Use	LEXEMPT						
PROPREF							
PIN							

COUNCIL TAX EXEMPTION/DISCOUNT

Individual solely or mainly resident in a care home or hospital

Please read the notes below before completing this form.

Please complete sections A to G of this form and arrange for section H to be completed by an authorised person at the care home or hospital and then return it to the Council. An application may be made on behalf of the liable person. Please note, there will be no discount if there are two or more adults (aged 18 and over) resident in the property, who do not fall into any discounted category. An exemption will be awarded where the dwelling has been left empty by a person who has become solely or mainly resident in a care home or hospital and continues to be liable for Council Tax.

A	Full name of the Council Tax payer
Name:	

B	Name of person who has become solely or mainly resident in care home/hospital.
Name:	

C	Address of property for which discount/exemption is claimed.
Address:	
Name and address of the owner of the property	
If Property is now unoccupied, date it became unoccupied/...../.....	
If the property was rented, the date the tenancy ended...../...../.....	

D	Name and Address of residential care home/hospital.
Name of Care Home:	
Address:	
Date of Admission/...../.....	

E	Does the person named in B intend to return to their former address? YES/NO?
If yes, please provide details	

F Do any adults remain resident at the address in C ? YES/NO?

If yes, please provide the names of all residents :

G Declaration

As far as I know all the information I have given is accurate and true.
I authorise the Local Taxation Office to make any enquiries necessary to verify the information given. I undertake to notify the Local Taxation Office of any change in circumstances which may affect my entitlement to the exemption. I understand that failure to notify the Local Taxation Office that the property is no longer exempt within 21 days of so believing may result in a penalty being incurred by me.

Your Signature Date

Daytime Telephone No Email.....
(You do not have to give a telephone number or email but if would helpful if you did in case we need to contact you).

If you are applying on behalf of the Council Tax payer please provide your name and relationship to the applicant.

Name.....Relationship to applicant.....

H Certificate of Residence/Hospital Certificate

I confirm that..... is a long term resident or patient at and is receiving care and/or treatment here within the meaning of the Local Government Finance Act 1992.

Name.....Designation.....

Capacity in which signed.....

Signature.....

Date..... Telephone No.....

DATA PROTECTION

Personal information held for Council Tax purposes will be held and used in accordance with the requirements of the Data Protection Act 1998. To assist the Council in the prevention and detection of fraud so that it can protect the public funds it administers, the Council may use information provided for Council Tax purposes within this Authority for data matching purposes. It may also data match information provided for Council Tax purposes with other public bodies that regulate, administer or are in receipt of public funds for the purposes of the prevention and detection of fraud.