

Corporate Support & Resources Directorate

Notification of Persons moving Permanently into Hospital or a Residential Home

Part A - Details of person moving into a Hospital or Residential Home:			
Council Tax Account Number:			
Name:			
Previous address:			
Part B - Details of the property the person has	s left: YES NO		
Is the property still occupied? (please tick)			
Do you own the property you have left?			
Were you the tenant of the property you have left?			
If you were the tenant, what is the name and address of the Landlord?			
If the property is still occupied, please give the name(s) of the resident(s) aged 18 or over:			
Part C - Details of Hospital/Residential Home:			
Name and address of Hospital/Residential Home:			
Date of admission:			
Does the person named in part A have their main residence in the hospital/residential home?			
(please tick)			

Part D - Declaration:			
I declare that the information given on this form is true to the best of my knowledge and belief.			
Signature of applicant:		Date:	
Address (if different):			
Important - if an exemption is granted, you must notify the Obecomes occupied again or is sold.	Council withi	n 21 days if the property	
Would you like to receive any future bills by e-mail?	Yes/No	(please circle as appropriate)	
If yes, please give your e-mail address			

THIS FORM SHOULD NOW BE RETURNED TO THE ADDRESS SHOWN