If the property's now empty because someone's moved into a care home or hospital, it will be exempt from Council Tax.

You may get a discount if someone in your household has permanently moved into a care home or hospital and you're now the only adult living in the property.

### Proof you need to send with this application form

We need a letter from the care home or hospital confirming the:

- · person's full name and date of birth
- person will be there permanently to receive care
- · date they moved in
- date they were transferred from hospital to a care home
- address and a contact name at the care home

If you're completing this form on behalf of the person who's permanently moved to a care home or hospital, we also need either a:

- certified copy of lasting power of attorney
- copy of our Council Tax authority to discuss form. You can download the form at: royalgreenwich.gov.uk/council-tax-permission

Warning: You must pay Council Tax while you wait for us to decide if you're eligible for a discount. If you do not pay, we'll start the Council Tax recovery process.

1. About your eligibility for this discount or exemption
I or the person moving to a care home or hospital will:

□ be permanently moving out of their sole or main property
 □ have no intention of returning to their sole or main property



## 2. About the Council Tax payer

Council Tax account number  This is 8-digits. You can find it at the top of your Council Tax bill.	Date the discount or exemption should start	
	DD/MM/YYYY	
Full name of the Council Tax payer	Full address of the property you're applying for	

## 3. About the person who has permanently moved into a care home or hospital

Full name		Date of birth	
		DD/MM/Y	YYY
Nature of condit	ion		
Name and address of care home or hospital		Date of admission	
		DD/MM/Y	YYY
Daytime phone number		Email address	
If a social worker is involved, tell us their		full name	e and where they work
Full name		Office address	
Daytime phone number		Email address	



### 4. Representative details

Tell us your details if you are completing this form on behalf of the person who's permanently moved into a care home or hospital.

We cannot discuss a Council Tax account with anyone not named on the bill. Use our 'Authority to Discuss' form for the bill payer to give us permission and send it with this application. Download the form at: <u>royalgreenwich.gov.uk/council-tax-permission</u>

Full name		•	different to the person who's tly moved into a care home or
Daytime phone number		Email address	
Should we send future correspondence to the representative?		Does anyone have lasting power of attorney?	
☐ Yes ☐ No		☐ Yes – provide certified copy☐ No	

#### 5. About the household

We need details of everyone living in the household.

Number of people living in the property (including the person who's permanently moved into a care home or hospital)			
Full name	Date of birth	Date mov	ed in
1)	DD/MM/YYYY	DD/MM/\	YYY
2)	DD/MM/YYYY	DD/MM/\	YYY
3)	DD/MM/YYYY	DD/MM/\	YYY



### 6. Proof required

I have included a letter from the care home or hospital	
I have included a certified copy of lasting power of attorney (if applicable)	☐ Yes
I have included a completed Authority to Discuss form (if applicable)	☐ Yes

#### 7. Declaration

You must read and agree to the terms and conditions of this discount or exemption.

By applying, you confirm that:

- the information you've given on this form is correct and complete
- you agree to tell us straight away about any change in your circumstances that may affect your entitlement
- you acknowledge that providing false information or failing to tell us about a change in your circumstances for the purpose of claiming or retaining a Council Tax reduction or discount is an offence that could result in the Royal Borough of Greenwich issuing court proceedings against you
- you understand that we have a duty to protect the public funds we administer.
   We may use the information you've 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 confirm I have read, understood and agree to comply with the declaration above.

Full name (use capital letters)	Signature	
Daytime phone number	Email address	Date
		DD/MM/YYYY



Send every page of this form, with your proof, to us by email or post to:

Email: counciltax@royalgreenwich.gov.uk

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

### What happens next

It can take up to 21 days for us to process your application and decide if you're eligible.

We may ask you for more proof. If you're eligible, we'll send you an updated bill.

You must tell us within 21 days about any change in your circumstances that may affect your entitlement to a discount or exemption. If you do not tell us, you could get a £70 fixed penalty.

### Appeal a decision

If you're not happy with our decision you can appeal to us in writing within 28 days. Find out how to appeal, at: <a href="mailto:royalgreenwich.gov.uk/appeal-council-tax">royalgreenwich.gov.uk/appeal-council-tax</a>

