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Name: _____ Date: _____
Address: _____ Council Tax Account Number: _____
Postcode: _____

COUNCIL TAX - DISCOUNT FOR HOSPITAL PATIENTS

You have recently indicated that you wish to apply for a discount on your Council Tax. I shall be grateful, therefore if you will answer the questions below and return this form.

1. Details of patient(s) in hospital:

Title (Mr/Mrs/Miss/Ms)	Forename(s)	Surname
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2. Details of ALL people (if any) aged 18 or over who live in the property:

Title (Mr/Mrs/Miss/Ms)	Forename(s)	Surname
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3. Please give the name(s) and address(es) of the property's owner(s):

Name: _____

Address: _____

The information collected on this form is necessary to administer your Council Tax and fulfil the council's statutory functions, and will not be used for any other purposes.

Privacy Notice - Borough of Broxbourne Council is committed to protecting your privacy when you use our services. Our Privacy Notice explains how we use information about you and how we protect your privacy. <https://www.broxbourne.gov.uk/resident/privacy-policy>.

Declaration:

I declare that the information given on this form is correct to the best of my knowledge and undertake to notify you immediately if I believe that I am no longer eligible for the discount granted in respect of this application.

I understand that the information on this form may be checked, stored on and processed by computer, it may be checked with other information held by the Council and be disclosed for other Council purposes as described on the register entry compiled by the Data Protection Registrar.

Signed..... Full Name..... Date.....

Telephone Number: Home..... Mobile.....

You do not have to supply your telephone number but it will be helpful if you do so.

HOSPITAL PATIENTS

Someone qualifies as a Hospital Patient if:-

- (a) The person's main or sole residence is a hospital.
- (b) The person is detained under Part 2 of the Mental Health Act 1983 in a hospital.
- (c) The person is detained under Sections 46, 47 or 48 of the above Act in a hospital.

NOTES

- (i) The hospital must be (a) a Health Service Hospital within the meaning of the NHS Act 1977. (Private Nursing or Mental Care Homes that are licensed under the Registered Homes Act 1974, fall under the 'Residents in Homes' exemption, for which a separate form is available). (b) a military airforce or naval unit or establishment at or in which medical or surgical treatment is provided for the persons subject to military law, airforce law or the Naval Discipline Act 1957.
- (ii) Sole or main residence as used in the above context is generally interpreted as (a) those who do not retain their own homes and will remain in hospital on a foreseeable permanent basis, and (b) excludes those who stay in hospital for short periods. However, all cases will be treated individually. A decision whether to grant exemption will be made after examining the circumstances and relevant regulations affecting the claim.

4. If the applicant was the only resident of this property please supply the name of a person that we may contact:

Contact's Name and Address

.....

.....

Postcode Telephone Number

5. Hospital certification (to be completed by the hospital concerned):

Name of hospital

Address of hospital

.....

Date of Admission

I certify that the person named is a patient in the hospital and that for the purposes of Council the hospital is his/her sole of main residence.

Signed Position held