

## Council Tax Discount – Long Term Patient

Council Tax charge is based on two adults living in a property. If there are less than two adults in the property you may be eligible for a Council Tax discount. An adult resident who has their sole or main residence in an NHS/armed forces hospital or in a residential care home/ nursing home/private hospital/hostel where they receive care or treatment can be excluded when counting the number of adults in the property.

Unless the Nursing Home/Hospital state the person is in care permanently, a period of 13 weeks must have passed since the person went into care before any discount can be awarded.

### What evidence will I need to provide?

- Letter from hospital or residential home confirming the patient is in care and resident there or stamped in section 2

Complete this application in full, sign the declaration and submit it online along with the required evidence at <https://www.eastrenfrewshire.gov.uk/tax-discounts>

### Section 1 - To be completed by a liable person

A liable person is the person responsible for the bill.

Full name

Email address

Telephone number

Property address

Name of person in care

Number of remaining adults

Number of adults living in property

**Section 2 - To be completed by hospital/residential home**

**Date patient was admitted**

This is the date they were admitted.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Date patient was discharged**

This is the date they were discharged.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Are they a permanent resident?**

<input type="checkbox"/>	yes	<input type="checkbox"/>	no
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**Date patient become a permanent resident?**

This is the date the patient became a permanent resident.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Detail care/treatment received**

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**Authorised signature**

signed by authorised person from hospital or residential home.

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**Hospital/Residential home Stamp**

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**Declaration**

I declare the information on this form is true and complete and I authorise East Renfrewshire Council to verify the details. If there's a change in my circumstances, I will notify East Renfrewshire Council within 21 days. I accept failure to provide this information is an offence, which may result in a fine of £50 and £200 for each offence thereafter. I understand this information may be shared with other councils or organisations that handle public funds for the purposes of preventing and detecting fraud.

**Signature of liable person**

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**Establishment 2**

If the patient has been resident at more than one hospital/residential care home complete the section below.

**Date patient was admitted**

This is the date they were admitted.

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**Date patient was discharged**

This is the date they were discharged.

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**Are they a permanent resident?**

<input type="checkbox"/>	yes	<input type="checkbox"/>	no
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**Date patient became a permanent resident?**

This is the date the patient became a permanent resident.

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**Detail care/treatment received**

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**Authorised signature**

signed by authorised person from hospital or residential home.

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**Hospital/Residential home Stamp**

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