



## Moving into a Nursing or Care Home Discount Form

Please use **BLOCK CAPITALS** and **black ink**.

**PART 1: APPLICANT** The form must be completed by the person who is liable to pay the Council Tax.

Council Tax Reference Number:.....		
Applicants Name.....		
Address: .....Post Code: .....		
Home phone number	Mobile phone number	E-mail address

**PART 2: NURSING/CARE HOME** This must be his/her sole/main residence

Address of Home: .....
..... Post Code: .....

**PART 3:** I confirm that the person entered below has resided **permanently** in a Residential Care Home/Nursing Home/Mental Nursing Home (Delete as appropriate) since ...../...../.....

Full Name: .....
------------------



**Declaration:** I declare that the information given above is, to the best of my knowledge, true, accurate and complete. I undertake to notify you should any of the information on this form change within 21 days of the change occurring otherwise I may incur a penalty of £50.

Signature of Applicant: ..... Date: .....

**Please Note:** This exemption/discount is for persons who are permanently resident in a hospital/Nursing Home/Residential care.

**You can hand this form in at our One Stop Shop, e-mail or post it to this address.  
Revenues & Benefits Section, P.O Box 30, Town hall, Lancaster Rd, Preston  
PR1 2GD**

E-mail: [ctax@preston.gov.uk](mailto:ctax@preston.gov.uk) Web: [www.preston.gov.uk](http://www.preston.gov.uk)

Preston City Council will use your information for Council Tax purposes and in a manner compatible with the Data Protection Act.

Any disclosure or sharing of information will only take place where required or permitted by law.

For further information visit [www.preston.gov.uk](http://www.preston.gov.uk)