



COUNCIL TAX

WEST OFFICES, STATION RISE, YORK, YO1 6GA TEL: (01904) 551558

APPLICATION FOR EXEMPTION/DISCOUNT

Dwellings left empty by patients in hospitals and care homes (Class E)
A person resident in a residential/nursing home, hospital or hostel who is
receiving a high level of care

Date of Issue

UPRN _____

Name of Liable Person : _____

Address of Property: _____

Correspondence Address: _____
(if different from above) _____

Contact Telephone number/email address _____

Total number of adults resident in property _____

Please note a discount or exemption would only apply if there is no intention to return to the property. There is no discount for respite care where the liable person will return to the property.

Full Name of person in hospital/care home	Name and Address of hospital/care home	Date went into hospital/care home	Intend to return to the property? Yes/No

DECLARATION

I declare that the information that is given is, to the best of my knowledge, true and accurate.

Signed

Date