

Name:
Address:

Date of Issue:
Reference Number:
When calling or phoning please ask for
Council Tax Team: Extension no.

COUNCIL TAX DISCOUNT APPLICATION FORM

HOSPITAL PATIENTS

Please complete this form if you wish to claim a Council Tax reduction for either yourself or another member of your household who is a patient and who has his/her sole or main residence in a NHS hospital.

NAME OF PATIENT (if different from above)
DATE OF ADMISSION
HOSPITAL (address)

How many people aged 18 or over currently live in the property?

DECLARATION

The information given on this form is correct. I undertake to notify you immediately if I believe that I am no longer eligible for a reduction granted in respect of this application.

FULL NAME:

SIGNED:	DATE:
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Privacy Notice: We will use the information provided by you for Council Tax, Housing Benefit and Council Tax Reduction Scheme purposes. The basis under which the Council uses personal data for this purpose is Public Task. The information that you have provided will be kept in accordance with the Council's retention schedule which can be found at www.mansfield.uk/Privacy
The information provided by you may also be used for the purpose of any other function carried out by the Council. Information about these functions and the legal basis on which information is used by them, your rights and the Council's Data Protection (DPO) can be found on the Council's detailed privacy notice which can be found at www.mansfield.gov.uk/Privacy on the Council's website or requesting a copy by writing to the Data Protection Officer, Mansfield District Council, Chesterfield Road South, Mansfield, Notts, NG19 7BH.