

Council Tax Exemption – Receives Care

A property can be exempt from Council Tax if the owner/tenant has moved to receive care for one of the following reasons:

- Old age
- Disablement
- Illness
- Past or present alcohol dependence
- Past or present drug dependence
- Past or present mental disorder

What evidence do I need to provide?

The evidence provided must show you have moved to provide care for one of the above reasons such as:

- Enclose a sheet of headed paper or compliment slip from hospital or care home.

Complete this form in full, sign the declaration and return with the required evidence to the address at the top of this form.

Section 1 - To be completed by liable person

A liable person is the person responsible for the bill.

Full name

Email address

Telephone number

Property address

Name of person cared for if not liable person

The full name of the person being cared for.

Relationship to person cared for if not liable person

What's your relationship to the person being cared for?

Name and address of current owner of property

This is the full name and address of the current owner.

Declaration

I declare the information on this form is true and complete and I authorise East Renfrewshire Council to verify the details. If there is a change in my circumstances and exempt status no longer applies, 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 subsequent offence. 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

Section 2 - To be completed by hospital / care home

The above named person was admitted on

This is the date they were admitted.

When will they be discharged?

This is the date they were discharged.

Are they a permanent resident?

 yes no

When did they become a permanent resident?

This is the date they became a permanent resident.

Detail care/treatment received

Signature of authorised person from hospital/care home

Section 2a - To be completed by hospital / home

The above named person was admitted on

This is the date they were admitted.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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When will they be 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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When did they become a permanent resident?

This is the date they 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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Signature of authorised person from hospital/care home

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