

## Revenues & Benefits Service

Please return this form completed to London Borough of Hackney, Council Tax Section, Keltan House, 89-115, Mare Street, Hackney, London E8 4RU.

### APPLICATION FOR COUNCIL TAX DISREGARD PEOPLE IN CARE OR NURSING HOMES

*When completing this form, please make sure your address and reference number are clearly written.*

1	<b>Name of the person you are claiming the disregard for</b>	
2	<b>Council Tax Reference</b>	
3	<b>Your address</b>	Post Code
4	<b>What date did you move into the home?</b>	/ /
5	<b>What is your registration number?</b>	
6	<b>Name and address of the home</b>	Post Code
7	<b>Daytime telephone number for the home</b>	

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**TO BE COMPLETED BY AN AUTHORISED PERSON FROM THE HOME**

**I hereby confirm that**

*(Name of Resident)* resides at the property detailed at Number 6 above, and is receiving care and/or treatment as follows

Post Code

**Name of the authorised person**

**Capacity in which signed**

**Signature**

**Additional Information – please add any additional information in support of your claim**

**Declaration**

- **I confirm that the information given is correct to the best of my knowledge**
- **I understand Hackney Council may make enquiries to verify the information given**
- **I understand that I must notify the Council immediately if my circumstances change**

**Signed**

**Name (in capitals)**

**Contact Number**