

Any enquiries about this application should be made to the Council Tax Discount Section at the above address or Telephone (01422) 393631

Date \_\_\_\_\_

Billing Account Reference Number \_\_\_\_\_

<b>SECTION A</b>	<b>EXPLANATORY NOTES</b>
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Council Tax is made up of a property element of 50% and a personal element of 50%. The personal element assumes that there are two persons over the age of 18 (adults) living in the property. If there are more than two adults resident the bill is not increased, however, if there are less than two residents the bill may be reduced.

1. For discount purposes certain groups of people are ignored (disregarded) when counting the number of adults in the household.  
This means that in certain circumstances a household with two or more resident adults may still qualify for a discount providing that all of them (or all but one of them) fall into one of the classes shown in Section D overleaf.
2. If there are two or more residents in the property aged 18 or over who are not entitled to a status discount then no discount can be allowed.
3. A person can also qualify for a status discount if :
  - (a) he or she is a patient whose sole or main residence is a hospital  
OR
  - (b) he or she has been detained in a hospital by order of a court or under Part II or section 46,47,48 or 136 of the Mental Health Act.

When you have filled in the details in section B please read and sign the declaration (Section C) and then send the form back to the above address as soon as possible

<b>SECTION B</b>	<b>APPLICATION DETAILS (Please complete in Block Capitals)</b>
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Applicant's Name _____	Reference Number (shown on the bill) _____
Address _____ _____	
Telephone Number for contact _____	
How many people aged 18 or over ( including yourself ) usually live in the property?	<input style="width: 100px; height: 20px;" type="text"/>
How many of those people are eligible for a status discount? (see Section D overleaf)	<input style="width: 100px; height: 20px;" type="text"/>
Name of Patient _____	
Name of the Hospital _____	Ward (if known) _____
Address _____ _____	
	Date of Admission (if known) _____

<b>SECTION C</b>	<b>DECLARATION</b>
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As far as I know all the information I have given is accurate and true. I agree to tell the Council immediately if the circumstances change or I think that any reduction given as a result of this application should not apply.

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

**COUNCIL TAX**

**APPLICATION FOR A STATUS DISCOUNT**

**FOR A HOSPITAL PATIENT**

<b>SECTION D</b>	<b>PERSONS ELIGIBLE FOR STATUS DISCOUNT</b>
<p>The following are categories of people who qualify for a 'status' discount. Please put a tick in the appropriate box if you think that anyone else living at the property may qualify. An application form will be sent to you.</p>	
<p><input type="checkbox"/> Persons in detention</p>	
<p><input type="checkbox"/> The Severely Mentally Impaired</p>	
<p><input type="checkbox"/> Persons over 18 in respect of whom child benefit is payable</p>	
<p><input type="checkbox"/> Students</p>	
<p><input type="checkbox"/> Apprentices</p>	
<p><input type="checkbox"/> Student Nurses</p>	
<p><input type="checkbox"/> Youth Training Trainees</p>	
<p><input type="checkbox"/> Hospital Patients</p>	
<p><input type="checkbox"/> Patients in Nursing or Care Homes</p>	
<p><input type="checkbox"/> Carers</p>	
<p><input type="checkbox"/> Residents of Hostels</p>	
<p><input type="checkbox"/> Members of Religious Communities</p>	
<p><input type="checkbox"/> Members of International Headquarters and Defence Organisations</p>	
<p><input type="checkbox"/> Persons with a relevant association with a visiting force</p>	

**Please note:**

**“Calderdale MBC will ensure that any personal information provided by you on this form will be treated in accordance with the provisions of the Data Protection Act 1998. Calderdale MBC is the Data Controller of the information you have provided on this form and is registered with the Information Commissioner’s Office for the purposes of processing your personal information in relation to your application.**

**The Council must protect the public fund it handles and so may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds. The Council will not share your information for any other purpose without your explicit consent.**

**For further information about Data Protection please contact 0845 2456000 and ask to speak with the Council’s Information Manager.**

<b>SECTION E</b>	<b>FOR OFFICIAL USE</b>
<p>Letter of confirmation sent to the hospital: (Date) _____</p>	
<p>Letter of confirmation received from the hospital: _____</p>	
<p>Discount granted from: _____</p>	
<p>Discount granted to (if necessary): _____</p>	
<p>Comments:</p>	
<p>Processed by _____ Code _____ Date _____</p>	