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|---------------------------------------|--|
| <b>For Office Use Only</b> CT10 03/10 |  |
| Payment Ref.                          |  |
| Date of Issue                         |  |

# Council Tax Discount : Claim Form

## Resident in Care or Hospital

### Background

A full council tax bill assumes that there are two adults ( aged 18 or over ) living in a household. If only one adult lives in your household, 25% discount is due. If the property is unoccupied an exemption may be due - this means no tax is payable.

People in long term care or hospital are not counted with adults when working out a discount, e.g. a house occupied by one person when their partner's main residence is in care or in hospital, would get 25% discount.

### How to Claim (Complete in BLACK INK)

Please fill in this form and send it back in the postage paid envelope. If you need any help to fill in this form please contact us.

## Section 1 : Names of all residents in the household ( aged 18 or over)

## Section 2 : If no one is resident please give a contact name, address and telephone number

Name:

Address:

Telephone No's.

### About the Person in Care or Hospital

Name:  Date they entered Care or Hospital

**Please turn over**

### Section 3 : If in a home

Is this person now resident in a home?

Yes

No

Name of the Home

Address of the Home

Do they intend to return to live in the property?

Yes

No

### Section 4 : If long-term resident in Hospital

Is this person now resident in hospital?

Yes

No

Name of Hospital

Reason for being in Hospital

Do they intend to return to live in the property?

Yes

No

### Section 5 : Declaration

1. I declare that all the details that I have given on this form are true and complete.
2. I shall notify the Council immediately if any of the details change.
3. I understand that Stirling Council must protect public funds and may use these details to prevent and detect fraud, part of this process may involve the use of credit reference agencies. I understand that the information may also be shared for the same purposes with other organisations handling public funds.
4. I understand that under the Data Protection Act I have a right to a copy of the information Stirling Council holds on me and that I may be charged for this service.

Signed

(Householder)

Date

e-mail address

Daytime  
Phone No

( in case of query )

**NAME OF SOCIAL WORKER:**