Moray Council
TAXATION SERVICES
Council Tax
2025 Hospital or Home Reduction application form

Name……..….

Address……..….

……..

…… Postcode……

Office use only
Account number……
Date of issue……..
Please return by……..……

Introduction

If an adult member of your household, or the last occupant of a vacant property, becomes a patient in a hospital, residential or nursing home, there may be an entitlement to award of discount or exemption.

Qualification

Qualification for a discount or exemption award depends on the patient's status. If the patient is

- indefinitely or permanently resident, there may be an entitlement to **100% exemption**
- resident for over 6 weeks, there may be an entitlement to a **25% discount**

Completion Instructions

To apply for a discount or exemption, please complete this form in BLOCK CAPITALS and in **black ink**.

Sections 1, 2a *or* **2b,** and **5** should be completed by the **Council Tax-payer**
Section 3 should be completed by the **patient** or their **assistant**
Section 4 should be completed by the **hospital** or **residential** or **nursing home**

For further information or help in completing this form please telephone **(01343) 563456.**
Any information given will be treated in the strictest confidence.

Section 1: Patient Details

Patient's full name……..……..……..……..…….……..…

Council Tax account number ……..……..……..…… Patient's date of birth……..……..……..…

Patient's property address……..……..

……..……..…… Post code ……..……..……..……..

Is this property still occupied? Yes ☐ No ☐

Note: If **'YES',** go to '**Section 2a** *or* if **'No',** go to '**Section 2b**

Section 2a: Property Details – Occupancy

(Note: please only complete this Section *or* Section 2b. You should *not* complete both Sections)

Occupant's name

……

Are you the only adult occupant?
(Please '✓' the relevant box)

Yes ☐ **No** ☐

If **'No',** state how many ADULTS live with you …..
Please state their names below:

……

Do any of these other adults fall into any of the following categories? (Please '✓' the relevant box)

Student ☐ Severely Mentally Impaired ☐

Apprentice ☐ YTT Skill Seeker ☐

Student Nurse ☐ Care Worker ☐

Note: Once you complete this Section, proceed to **Section 3**

Section 2b: Property Details – Status

(Note: please only complete this Section *or* Section 2a. You should *not* complete both Sections)

You have indicated in 'Section 1: Patient Details' your property is vacant. Can you let us know

Does the patient own the property **solely?** *or* Yes ☐ No ☐

Does the patient own the property **jointly with others?** Yes ☐ No ☐

If this property is jointly owned, please state the names & addresses of each owner

……..

……..

If the property has been sold, please confirm the date this occurred ……..…….…….

Please state the selling solicitor's name and address …..…….……..

…….

Does the patient lease the property from a landlord? Yes ☐ No ☐

Please state the landlord's name and address …..……..

…….

If the tenancy has ended, please confirm the end-date ……..…….

Note: Once you complete this Section, proceed to **Section 3**

Section 3: Authorisation

Please sign the authorisation below, so the hospital or home can complete Section 4.

I authorise the hospital / home to give the information requested below:

Signed…….Date……..

If you are the person assisting the patient, please state your name and address……

……

Telephone Number…… Relationship to patient….....

Section 4: Hospital or Residential/Nursing Home Confirmation

The patient (see Section 1) **claims to be a patient in your hospital or home. Please answer the following questions and then return this form to the patient, or their assistant.**

Is the patient being assessed? Yes ☐ No ☐

Is stay long-term? Yes ☐ No ☐

Is the patient currently awaiting placement in a residential home? Yes ☐ No ☐

Has the patient been transferred from another hospital or home? Yes ☐ No ☐

Name and address of the hospital or home……..

…….Date of admission……..…….

Signed…….

Position……..……..

Date…….…….

Official Stamp

Please state a contact name and telephone number should we require further information

Name …… Telephone ……..…….…….

Section 5: Declaration

I declare that the information on this application is true and correct. I authorise the council to make any necessary enquiries to check the information given on this application, including cross checking details with other council services and external organisations. I undertake to inform you of any change in circumstances as soon as it occurs. I understand that if I give information that is incorrect or incomplete or fail to report changes in circumstances, I may be prosecuted.

Signature ..... Date .....

Print Name ..... Telephone .....

Email ..... Mobile .....

Moray Council is the data controller for this process. The information provided by you for the purposes of determining Council Tax liability will be stored by us in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018. The information that we hold must be accurate, up to date, and kept only for as long as necessary. It is shared only where we are legally obliged to do so. You may refer to our published Council Tax Privacy Notice for more information. It can be found at http://www.moray.gov.uk/downloads/file123143.pdf

Please return this form to: **Moray Council, Taxation Services, High Street, Elgin, IV30 1BX**.
If you require any further information regarding this form, please contact us by:
Telephone: **01343 563456** Webform: **moray.gov.uk/ctxenquiry** Website: **www.moray.gov.uk**