

**Chief Executive's Office**  
**Revenues & Benefits Manager: Nicola Gemmell**



**Revenues & Benefits Service**

P.O. Box 31, Ayr KA7 2PL

Tel: 0300 123 0900

Email: council.tax@south-ayrshire.gov.uk

Our Ref : Your Ref:

Date:

If phoning or calling ask for Council Tax

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Sir / Madam

**COUNCIL TAX DISCOUNT**

**Subject Address:**

The Council Tax due on a property may be discounted to reflect the personal circumstances of the adult residents. A reduction may apply where the residents over 18 years of age, and who meet the qualifying conditions noted below, can be disregarded when counting the number of adults in the house.

If you want to apply for a discount, please provide the information requested overleaf, sign the declaration and return the form to the above address.

Yours faithfully

*Council Tax*

**Council Tax**  
**Revenues & Benefits Service**

**QUALIFYING CONDITIONS : LONG TERM PATIENT IN A HOSPITAL / RESIDENTIAL HOME**

**A person who has their sole or main residence in an NHS / Armed Forces hospital or in a residential care home / nursing home / private hospital / hostel where they receive care or treatment.**

**DISCOUNT : LONG TERM PATIENT IN A HOSPITAL / RESIDENTIAL HOME -**

**SECTION 1 : TO BE COMPLETED BY A LIABLE PERSON**

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Contact Details \_\_\_\_\_

Email Address \_\_\_\_\_

I apply for discount on the basis that

Name \_\_\_\_\_, date of birth \_\_\_\_\_

meets the qualifying conditions noted overleaf.

The number of adults (including the above named) usually resident in the house is \_\_\_\_\_

**SECTION 2 : TO BE COMPLETED BY HOSPITAL/NURSING HOME**

I confirm that the above named person was admitted to this establishment on \_\_\_\_\_

Expected discharge date if known \_\_\_\_\_

Is it likely that they will return to their home. YES / NO \* (Delete as appropriate)

They receive the following care / treatment :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED : \_\_\_\_\_ ESTABLISHMENT STAMP :

POSITION : \_\_\_\_\_

DATE : \_\_\_\_\_

**DECLARATION**

I declare the information on this form is true and complete and I authorise South Ayrshire Council to verify the details. If discount status no longer applies to the person named in Section1, or the number of adults in the house increases, I undertake to notify South Ayrshire Council within 21 days of this occurring.

I understand that failure to provide this information is an offence which may make me liable to an initial fine of £50 and £200 for each subsequent offence.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_