

Council Tax Hospital / Nursing Home Application Form



3 pages

Part 1

Full name of the liable person:

Address:

Postcode:

Phone number:

Email:

Part 2 About the qualifying person

Full name of the person who
qualifies because they are now
living in a hospital or a nursing
home:

Their date of birth:

Please fill in both parts if moves from hospital to a home or hostel

Name and address of hospital:

Ward:

Date admitted:

Name and address of home or hospital:

Postcode:

Date admitted:

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Part 3 Details about their home address

Is the property still occupied?

No Yes

If you ticked 'Yes', please give the names of all the resident aged over 18:

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If you have ticked 'No', please give the date it was last occupied:

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If they owned the property fill in this part

Does the qualifying person still own it?

No Yes

If you have ticked 'No', who was it sold to?

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What was their previous address?

Postcode:

What date was it sold?

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If they rented the property fill in this part

Who is the landlord?

What was the landlord's address?

Postcode:

When did the tenancy end?

Part 4

I confirm that the information I have given on this form is correct and complete.

Signature of qualifying person or their representatives:

If you completed this form as the qualifying person's representative please give your name and address:

Postcode:

Relationship to the qualifying person:

Phone number:

Email:

Date:

You must tell us within 21 days if any of your circumstances change.

Please return this form to Wigan Council, Council Tax Offices, Moore Street East, Wigan. WN1 3DS