

APPLICATION FOR PERSONAL DISREGARD FOR DISCOUNT PURPOSES

PERSONS IN NURSING OR CARE HOMES (CLASS E)

Please read the attached notes carefully before completing the form. Please write in ink and use BLOCK CAPITALS.

HOUSEHOLD DETAILS:

PLEASE STATE THE NAMES AND DATES OF BIRTH OF ALL MEMBERS OF YOUR HOUSEHOLD WHO

ARE AGED 18 OR OVER:-

NAME _____	DATE OF BIRTH _____
_____	_____
_____	_____

DETAILS RELATING TO THE PERSONS IN NURSING OR CARE HOMES

Surname	First Names	Date of Admittance
_____	_____	_____

Name & Address of Nursing/Care Home _____

DECLARATION

I understand that the Council may wish to check the information I have given. I will tell the Council immediately about changes in the status of the property. I understand that under the Local Government Finance Act 1992, anyone giving false information could be prosecuted or face imposition of penalties. As far as I know the information I have given is true and accurate.

SIGNATURE _____	DATE _____
PHONE NO _____	E-MAIL _____

NAME (BLOCK CAPITALS)

ADDITIONAL NOTES

Persons who have their main or sole residence in a Nursing or Care Home are disregarded persons. Temporary or short stay visit to Nursing Homes will not enable the person to be classed as disregarded for discount purposes.