

Penallta House Tredomen Park Ystrad Mynach Hengoed CF82 7PG Tel 01443 863002 Fax 01443 864087

E-mail: counciltax@caerphilly.gov.uk Head of Corporate Finance Nicole Scammell BA(Hons) ACMA Tŷ Penallta Parc Tredomen Ystrad Mynach Hengoed CF82 7PG Ffón 01443 863002 Ffacs 01443 864087

E-bost trethycyngor@caerffili.gov.uk Pennaeth Cyllid Corfforaethol Nicole Scammell BA(Hons) ACMA

Contact/Cysylltwch â

Direct line/Llinell Uniongyrchol 01443 86
Direct Fax/Ffacs Uniongyrchol 01443 864087

Your Ref/Eich Cyf

Our Ref/Ein Cyf

Pending

Date/Dyddiad

Dear Sir/Madam.

## COUNCIL TAX- APPLICATION FOR A PERSON TO BE DISREGARDED FOR DISCOUNT PURPOSES RESIDENT IN HOME/HOSTEL/HOSPITAL

In response to your request, please find overleaf an application form for a person to be disregarded from your household. The form must be completed by or on behalf of the person who is liable to pay Council Tax and certified in Box D by a responsible person of the home/hostel/hospital and endorsed with an official stamp.

The person can only be disregarded where their sole or main residence is in a:

- (i) residential care home
- (ii) nursing home (including a private hospital)
- (iii) mental nursing home
- (iv) hostel
- (v) hospital

and must be receiving care and/or treatment.

REMINDER- Single person discount can only be awarded where ONE person remains liable after others have been disregarded e.g. in a three adult household two have to qualify to be disregarded before a discount can be awarded.

Please complete the form in BLOCK CAPITALS and in BLACK INK then return to the address shown above.

Yours Faithfully,

W J Carpenter Council Tax & NNDR Manager

## **Data Protection Act 1998**

The information provided on this form will be treated in accordance with the Data Protection Act 1998. It will be used for the following purposes:

- to establish liability to the Council Tax and eligibility for other forms of statutory relief & allowances in relation to Council Tax.
- by authorised employees AND external bodies such as the Valuation Office Agency and Department for Work and Pensions, for the purpose of management, administration and collection of the Council Tax.
- data provided may by uses by the Electoral Registration Officer for Electoral purposes.

We must protect the public funds we handle and so we may use information provided to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations that handle public funds.

You are entitled to a copy of the information the Council holds about you for a fee of £10.00. If you wish to make a request to see your data or if you wish to object to the way in which it is being used, please contact: The Data Protection Officer, Caerphilly County Borough Council, Tredomen House, Tredomen Park, Hengoed, CF82 7WF. Telephone number 01443 815588 or e-mail foi@caerphilly.gov.uk.

## APPLICATION FOR PERSON TO BE DISREGARDED FOR DISCOUNT PURPOSES - HOME/HOSTEL/HOSPITAL

<b>PART A</b> Applicant's n	ame:(must be r	person liable for Coun	cil Tax)	
			·	
				Post Code:
Names & da	ates of birth of a	any resident between a	ages of 16 years	s and 18 years:
NAME				DATE OF BIRTH
PART B				
			•	
Address of F	ormer Home:			
				Post Code:
Name & Add	lress of Home/F	Hostel/Hospital (please	e specify):	
				Post Code:
Date of Adm	ission:	/	/	
2:27.0		See I I I I I I I I I I I I I I I I I I		
belief and I Council to u	understand th Indertake any	nat I must advise the inspection and/or c	e Council imme checks to verify	viven in this form is correct to the best of my knowledge and ediately if any of the circumstances change. I authorize the y the details of this claim. I consent to the information being on of council tax by Caerphilly County Borough Council.
Sianed:				. Tel No:
Mr	Mrs	Miss	Ms	(*You are not obliged to provide your telephone number, but it may assist in dealing with your application more speedily in the event of a query).
Full Name:		(Block Capitals)		Date:/
	\// A E	, , ,	NI CE INICODA	MATION MAY RESULT IN PROSECUTION
		INING – GIVING FA	ALSE INFORM	MATION MAY RESULT IN PROSECUTION
PART D				
	BE COMPI	LETED BY A RES	SPONSIBLE	PERSON AT THE HOME/HOSTEL/HOSPITAL
I certify that	t the informati	on given in Part B a	bove is correc	it.
				Official Stamp
Signed:				
Name:				
		(Block Capitals)		
Job Title:				
Date:				
Date:	//	/		

The information you supply will be treated in confidence and processed in accordance with the Data Protection Act 1998. The information will be disclosed to the data subject if he/she makes a subject access request.

Correspondence may be in any language or format – Gallwch ohebu mewn unrhyw iaith neu fformat www.caerphilly.gov.uk