## **Council Tax**

Application for Person to be Disregarded for Discount Purposes Resident in Home/Hostel



PART A	
Applicant's Name (must be person liable for Council Tax)	
Address	
How many people (including yourself) aged 18 or over live at this address	
PART B	
Full Name of Person Residing in Home/Hostel	
Former Home Address	
Name and Address of Home/Hostel	
Date Admitted	
PART C	
<b>Declaration</b> - I declare that the information given on this application is correct and agree that the Co make an necessary enquiries to check the information. I agree to inform the Council immediately of an	•
which may affect my entitlement to a reduction in Council Tax.	, 0
WARNING - TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION	, 0
WARNING - TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION  Signed Date  PART D	
WARNING - TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION  Signed Date	, G
WARNING - TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION  Signed Date  PART D	)
WARNING - TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION  Signed Date  PART D  TO BE COMPLETED BY A RESPONSIBLE PERSON AT THE HOME/HOSTEL  This is confirm that the person named in Part B (	)
WARNING - TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION  Signed Date  PART D  TO BE COMPLETED BY A RESPONSIBLE PERSON AT THE HOME/HOSTEL  This is confirm that the person named in Part B ( resides permanently in the above home/hostel and the date of admittance shown is correct.	)
WARNING - TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION  Signed	)
WARNING - TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION  Signed Date  PART D  TO BE COMPLETED BY A RESPONSIBLE PERSON AT THE HOME/HOSTEL  This is confirm that the person named in Part B ( resides permanently in the above home/hostel and the date of admittance shown is correct.  Signed Position Held  Name (in block capitals) Date	)
WARNING - TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION  Signed Date  PART D  TO BE COMPLETED BY A RESPONSIBLE PERSON AT THE HOME/HOSTEL  This is confirm that the person named in Part B ( resides permanently in the above home/hostel and the date of admittance shown is correct.  Signed Position Held  Name (in block capitals) Date  Please return this form to: Council Tax, PO Box 886, Newport, NP20 9LU	)
WARNING - TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION  Signed Date  PART D  TO BE COMPLETED BY A RESPONSIBLE PERSON AT THE HOME/HOSTEL  This is confirm that the person named in Part B ( resides permanently in the above home/hostel and the date of admittance shown is correct.  Signed Position Held  Name (in block capitals) Date  Please return this form to: Council Tax, PO Box 886, Newport, NP20 9LU  If you require assistance please telephone: (01633) 656656	)