

Rossendale Borough Council  
 PO Box 104  
 Futures Park, Bacup, OL13 3BU  
 Tel: 01706 217777



**RETURN THIS FORM TO:**  
[counciltax@rossendalebc.gov.uk](mailto:counciltax@rossendalebc.gov.uk)

|                            |  |      |  |
|----------------------------|--|------|--|
| COUNCIL TAX ACCOUNT NUMBER |  | DATE |  |
|----------------------------|--|------|--|

**APPLICATION FOR PROPERTY EXEMPTION  
 IN HOSPITAL / CARE HOME**

**TO BE COMPLETED BY OR ON BEHALF OF THE PERSON LIABLE TO PAY THE COUNCIL TAX**

**ADDRESS OF PROPERTY FOR WHICH EXEMPTION IS BEING CLAIMED**

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**NAME(S) OF THE PROPERTY OWNER(S)**

|  |
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|  |
|--|

**DETAILS OF THE PERSON IN HOSPITAL/HOME**

|             |  |              |
|-------------|--|--------------|
| SURNAME:    |  | MR / MRS /MS |
| FORENAME(S) |  |              |

**NAME AND ADDRESS OF HOSPITAL HOME**

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|  |
|  |

|                   |  |                              |  |
|-------------------|--|------------------------------|--|
| DATE OF ADMISSION |  | DATE FIRST BECAME UNOCCUPIED |  |
|-------------------|--|------------------------------|--|

|   |  |
|---|--|
| BRIEF REASON FOR ADMISSION AND ESTIMATED TIME OF STAY |  |
|---|--|

|                          |       |        |             |
|--------------------------|-------|--------|-------------|
| INTEREST IN THE PROPERTY | OWNER | TENANT | LEASEHOLDER |
|--------------------------|-------|--------|-------------|

**WHAT STEPS ARE BEING TAKEN TO SELL OR LET THE PROPERTY?**

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**Signature and Declaration of Administrator**

I DECLARE THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE COUNCIL MAY MAKE ENQUIRIES AS NECESSARY TO VERIFY THE INFORMATION GIVEN.

|             |      |
|-------------|------|
| SIGNATURE : | DATE |
|-------------|------|

**IF YOU ARE ACTING ON THE TAXPAYERS BEHALF PLEASE COMPLETE DETAILS BELOW.**

|                  |  |              |  |
|------------------|--|--------------|--|
| NAME             |  | RELATIONSHIP |  |
| ADDRESS          |  |              |  |
| TELEPHONE NUMBER |  |              |  |

Declaration

I declare that the information I give will be complete and accurate to the best of my knowledge.

I understand that the Council may make enquiries to verify my information. I agree to inform the Council Tax department immediately if I believe the property is no longer eligible for a discount or exemption.

If my circumstances change I will inform the Council Tax department immediately.

I understand that failing to do so or providing false information may lead to prosecution.

The information on this form will be used in connection with the billing, collection and recovery of local taxes and revenues, including the calculation of any associated discounts, reliefs and benefits. The data may be disclosed to other local authorities for local taxation purposes only and to the Council's auditors.

This authority is under a duty to protect the public funds it administers and to this end may use this information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

Information will only be shared with other Council service areas without your permission if it is legitimate for the Council. Information will only be shared with other external agencies without your permission if there is a legal duty to do this or if there is a risk of serious harm or threat to life.

Please tick the box if you agree to the declaration above: