

Revenue & Support Services Council Tax Team

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Name & Correspondence Address

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**Council Tax Exemption Application
 Class E**

Address of property:

Qualifying Criteria

An unoccupied dwelling where the owner or tenant has their sole of main residence in a hospital, care home, nursing home where they are receiving care or treatment. The unoccupied dwelling must previously have been the sole or main residence of the absent person. If the property is subsequently let to tenants who occupy it as their sole or main residence, the exemption does not resume when the tenant leaves

For an exemption to be considered you must provide the information below, sign the declaration and return this form to the Council Tax Section.

Details of person in hospital, nursing home, or care home

Full name:	Date of birth:
Name and address of hospital/nursing/care home:	
Date went into hospital/nursing/care home	Anticipated date of release:
Name of the property owner	

I declare that the information I have given is correct to the best of my knowledge.

Name:	Signature:	Date:
Please provide contact Telephone numbers and E-mail address		
Daytime	Evening	Mobile
E-mail address		

PLEASE NOTE: The information supplied on this form will be used for the purpose(s) for which you have supplied it, and, where appropriate, will also be used by the Council in carrying out its various functions effectively. It will not be shared with other organisations unless we are required to do so by law. However the Council will always use or share information for the prevention or detection of crime, or the apprehension or prosecution of offenders

**You must tell the Council Tax Section of all changes
 which may affect your right to an exemption**