

HORSHAM DISTRICT COUNCIL  
WORKING IN PARTNERSHIP  
WITH LGSS

0808 164 8610 (Phone calls may be recorded)  
<https://www.lgss-revs-bens/Horsham>

## LGSS COUNCIL TAX EXEMPTION APPLICATION FORM RECEIVING CARE ELSEWHERE

Council Tax Account Reference Number	
Home Address	
<b>PART A – NEW ADDRESS</b>	
Address where you are receiving care	
Date this became your main home	
Name and address of the person providing personal care	
Details of the type of care you receive (e.g. help with washing, dressing etc.)	
Are you in receipt of attendance allowance	<b>YES / NO</b>
<b>If YES, please enclose your allowance book or letter of entitlement from the DWP. (This will be returned to you as soon as possible)</b>	
Reason the care is required (please circle as appropriate)	<ul style="list-style-type: none"> <li>Old Age</li> <li>Disablement</li> <li>Illness</li> <li>Past or present alcohol or drug dependence</li> <li>Past or present mental disorder</li> </ul>
<b>PART B</b>	
Date the above address ceased to be your main home	
Is the property furnished?	<b>YES / NO</b>
If NO, the date the furniture was removed	
Is the property occupied?	<b>YES / NO</b>
If YES, the name/s of the occupier/s	

Are/were you the owner or tenant?	<b>OWNER / TENANT</b>
If you are/were the owner, is the above property for sale/sold?	<b>YES / NO</b>
If YES, the completion date of the sale	
If YES, the name and previous address of the new owners (if known)	
Or acting solicitor	
If you were the tenant, please give the name and address of the landlord	
If you were the tenant, please give the date the tenancy terminated	
Address where future correspondence should be sent	

**DECLARATION**

I Declare that the information given on the form is complete and accurate to the best of my knowledge.

**REMEMBER, if you give false information, you may be prosecuted.**

In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations that handle public funds.

Full Name (BLOCK CAPITALS)	
Signature	
Date	
Telephone	

**Information will only be used by Horsham District Council and its employees in accordance with the Data Protection Act 1998. Horsham District Council will not supply information to any other organisation or individual except to the extent permitted by the Data Protection Act and which is required or permitted by law in carrying out any of its proper functions.**

Please return form to: Horsham Revenues and Benefits, PO Box 10745, Nottingham, NG6 6ED