



**NORTH WARWICKSHIRE BOROUGH COUNCIL**  
**THE COUNCIL HOUSE, SOUTH STREET,**  
**ATHERSTONE, WARWICKSHIRE, CV9 1DE**

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## APPLICATION FOR COUNCIL TAX EXEMPTION – HOME RESIDENT

I have been advised that the person below is now a permanent resident receiving care at a home or hospital. To ensure that my Council Tax records are accurate, please provide the details requested below and return this form using the envelope provided. Your reply within 14 days would be appreciated. Thank you in anticipation of your assistance in this matter.

**Full Name of Person :**

**Former Address :**

**On what date was the above person last resident at the above address?**

**On what date was all furniture removed from the property?  
 (if applicable)**

**On what date did he / she become resident at the home / hospital?**

**Where was he / she resident between the above dates, if different?**

Postcode:

**Is he / she now a permanent resident receiving care at the home / hospital?**

YES/NO

**To whom should correspondence be sent in respect of the above property?**

**Name :**

**Address :**

Postcode :

### DECLARATION:

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

**Signed :**

**Date:**

**Full Name :**

**Telephone - Day:  
 Evening:**

**e-mail:**