

Council Tax – Class E Exemption

Properties left unoccupied by owners or tenants whose sole or main residence is a hospital, nursing home or hostel would qualify for a Class E exemption.

This exemption is applicable for long/permanent stay patients/residents only, usually after a continuous period in excess of six months.

In order that your application for this exemption may be considered, please complete and return the enclosed application form.

Should you require any further information or assistance, please do not hesitate to contact the Council again.

Council Tax Section







COUNCIL TAX EXEMPTION HOSPITAL/CARE HOME RESIDENTS

Name of Applicant:								
Address of Hospital/Care Home:								
Alternative contact name a address for future correspondence:	and							
Date you moved out/admi	ssion dat	te to Hos	spita	I/Care I	dom	e:		
Does the property remain furnished?		YES		NO	F	llease tick appropriate box		
If NO, please give date furn	iture was	removed	d:					
If you were the TENANT, d	ate tenan	cy ends:						
Landlord name and addres	ss:							
If you are the OWNER : Please give names and addresses of any joint owner(s) :								
Do you still own this property?		YES	YES NO Please tick appropriate box					
If NO – please give date property s		old:	ı	l l				
New owner(s) name(s):		<u> </u>						
Address if different to property:								
DECLARATION I declare that the information given above is correct to the best of my knowledge and belief.								
	best of my	,	- 3		•			
Signature:	best of my	, 141041104	- 3				Date:	
	oest of my	, in one				Mobile:	Date:	

For further information about your Council Tax exemption, discount and benefit, please visit our website www.northumberland.gov.uk or call 01670 624884.

If you require this information in large print or Braille, please contact 01670 624884



