

 Please ask
 Revenues Section

 for:
 Revenues Section

 E-mail:
 customerservices@cumberland.gov.uk

CTAX Ref:

Notification of Persons moving Permanently into Hospital or a Residential Home

| Part A - Details of person moving into a Hospital or Residential Home: | | |
|--|--------|--|
| Name: | | |
| | | |
| Part B - Details of the property the person has left: | | |
| Is the property still occupied? (please tick) | YES NO | |
| Do you own the property you have left? | | |
| Were you the tenant of the property you have left? | | |
| If you were the tenant, what is the name and address of the Landlord? | | |
| | | |
| If the property is still occupied, please give the name(s) of the resident(s) aged 18 or over: | | |
| | | |
| Part C - Details of Hospital/Residential Home: | | |
| Name and address of Hospital/Residential Home: | | |
| Date of admission: | | |

Does the person named in part A have their main residence in the hospital/residential home?

| Part D - Declaration: | | |
|---|--------|--------------------------------|
| I declare that the information given on this form is true to the best of my knowledge and belief. | | |
| Signature of applicant: | | Date: |
| Address (if different): | | |
| Important - if an exemption is granted, you must notify the Council within 21 days if the property becomes occupied again or is sold. | | |
| Would you like to receive any future bills by e-mail? | Yes/No | (please circle as appropriate) |
| If yes, please give your e-mail address | | |
| | | |

You can return your reply to Freepost REVENUES AND BENEFITS SERVICES. Please write this on the envelope in the above format (Capitals), no address is needed.