Council Tax reduction: long term hospital patients

Patients who are receiving long term care in a hospital and are unlikely to return home can be disregarded for Council Tax purposes. This could mean we can reduce your bill.

Not all patients can be disregarded. Patients who live mainly at their home, for example those who only spend short periods of time in hospital and intend to return home, will not be disregarded.

Please download this form, complete it and scan or photograph it and return it to revs@enfield.gov.uk. In the subject of your email, please ensure that you include your Council Tax account number (if you have one) inside chevron brackets, for example <12345678>

Alternatively, please post the completed form to:

Financial Assessment  
London Borough of Enfield  
PO Box 63  
Civic Centre  
Silver Street  
Enfield  
Middlesex  
EN1 3XW

We will deal with your application as quickly as possible and send you the result in writing.
Council Tax reduction: long term patients

Account number: ............................................................................................................

Please write in black ink.

Including the person in hospital, how many people aged 18 or over live in the property? ............... 

Full name of person in hospital: .........................................................................................

Last address of person in hospital: .........................................................................................
.....................................................................................................................................................
.....................................................................................................................................................

Their date of birth: _____/____/____

Do they own the property? Yes [ ] No [ ]

If No, please provide the date the tenancy will end and the name and address of the landlord:

Date tenancy will end: _____/____/____

Name & address of Landlord: .................................................................................................
.....................................................................................................................................................
.....................................................................................................................................................

Date of admission to hospital: _____/____/____

Name and address of hospital (including ward): ........................................................................
.....................................................................................................................................................
.....................................................................................................................................................

Does the patient intend to return to their previous address?

Yes [ ] No [ ]

Expected date of release from hospital: _____/____/____

Including the person in hospital, how many people aged 18 or over live in the property? ............... 

I confirm that the above information is correct to the best of my knowledge and belief.

Signed ............................................................. Dated .........................................................

If you would prefer future correspondence to be sent to another person or address, please provide details overleaf:

Please return this form to:

revs@enfield.gov.uk

or post to

Financial Assessment, London Borough of Enfield, PO Box 63, Civic Centre, Silver Street, Enfield, Middlesex EN1 3XW