Council Tax reduction: Residential Care Homes

Patients who are receiving long term care in a residential care home, nursing home, mental nursing home or hostel may be disregarded for Council Tax purposes. The home or hostel must be in England or Wales, and must be providing the patient with care or treatment (or both).

This could mean you are entitled to a reduction in your bill.

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: Residential Care Homes

Account/Case number: ............................................................................................................

Please write in black ink.

Name of person in home or hostel: ............................................................................................

Last address of person in home or hostel: ................................................................................

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Including the person in the home or hostel, how many people aged 18 or over live in the property?

______________

Does the person in the home or hostel own the property?

Yes [ ] No [ ]

If No, please provide the date on which the tenancy ends and the name and address of the landlord:

Date the tenancy ends: _____/____/____

Name & address of landlord: ...................................................................................................

................................................................................................................................................

Date person was admitted to home or hostel: _____/____/____

Name and address of home or hostel: ......................................................................................

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Does the person intend to return to their previous address?

Yes [ ] No [ ]

Date it was decided that the person would not be returning to their previous address
(if applicable): _____/____/____

Expected length of stay in home or hostel: ..............................................................

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

Signed_________________________________ Date_________________

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

__________________________________________________________________________

Please return these forms 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