





The information I have given on this form is correct. If I qualify for a Residential Care Discount or Exemption, I agree to tell Flintshire County Council if the person who is in care returns to the property, or the circumstances change.

Your Signature

Date:

Your Full Name (Please print)

**This section must be completed by a person authorised by the hospital or residential/nursing home**

Name and Home Address of Person resident in hospital, residential care home or nursing home

Name and address of hospital, residential care home or nursing home

Is the person, named above a patient in this centre? Yes  No

If 'Yes' please state the date he/she became a patient

Your signature Date: \_\_\_\_\_

Your name (please print)

Your status/position

Your Contact Telephone Number

**NB** Please return the completed form to the person making this application. The declaration that you have made will only be used for the purposes of deciding whether a Council Tax discount can be awarded. If you wish to charge for signing this declaration, you must

## **Privacy Notice**

Flintshire County Council will use the information you give in this form, and any supporting evidence you provide to assess your liability for Council Tax. This is required under Local Government Finance Act 1992 and all other relevant regulations associated with the assessment of Council Tax.

We will keep your data for the duration when you are liable to pay Council Tax and for a period of 7 years after your liability to pay Council Tax has ended.

We may share your information with other Council services in order to ensure our records are accurate and up-to-date, to improve the standard of the services we deliver, and to perform any of our statutory duties, including enforcement duties.

Flintshire County Council may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give information