



**East Ayrshire**  
COUNCIL  
Finance Service

**COUNCIL TAX DISCOUNT APPLICATION  
PROVIDES OR RECEIVES PERSONAL CARE**

|                         |  |
|-------------------------|--|
| <b>SUBJECT ADDRESS:</b> |  |
| <b>REFERENCE:</b>       |  |

By law the Council Tax payable may be subject to a discount. Adults who meet the undernoted qualifying conditions will be disregarded when counting the number of adults in the property. Discount may be granted for an unlimited period.

I consider discount should apply from \_\_\_\_/\_\_\_\_/\_\_\_\_ and I attach supporting documentary evidence.

**QUALIFYING CONDITIONS: LONG-TERM PATIENT IN HOSPITAL/RESIDENTIAL HOME**

- Old age;
- Disablement;
- Illness;
- Past or present alcohol dependence;
- Past or present drug dependence;
- Past or present mental disorder.

**SECTION 1:**

I apply for discount on the basis that (Name): \_\_\_\_\_ meets one of the qualifying conditions noted above.

The number of adults (including the above named) usually residing in the house is:

COUNCIL OFFICES  
JOHN DICKIE STREET  
PO BOX 13  
KILMARNOCK, KA1 1BY  
TEL: 01563 554400  
FAX: 01563 554818

**Reference:**

**SECTION 2: TO BE COMPLETED BY HOSPITAL/HOME**

I confirm that (Name) \_\_\_\_\_ was admitted to this establishment on the following date \_\_\_\_/\_\_\_\_/\_\_\_\_

Expected discharge date if known: \_\_\_\_/\_\_\_\_/\_\_\_\_. They receive the following care/treatment:

**HOSPITAL/HOME STAMP**

SIGNED: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE NOTE: DISCOUNT WILL NOT BE GRANTED UNLESS SUPPORTED BY DOCUMENTARY EVIDENCE**

**Applicant's declaration**

**I declare that the information I have provided on this Application Form is true and complete and authorise East Ayrshire Council to verify the details as necessary. I will notify East Ayrshire Council within 21 days of the Discount no longer being applicable. I understand that failure to notify the Council of this is an offence that may make me liable for a penalty of £50.00.**

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
(Please print in block capitals)

Tel. \_\_\_\_\_  
(In case we need to call you)

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