

Enw a Chyfeiriad

Dyddiad Anfon

Rhif yr Eiddo

CARTREFI GOFAL PRESWYL, CARTREFI NYRSIO, CARTREFI A HOSTELI NYRSIO SALWCH MEDDWL
Cais gan Berchennog/Berchenogion i Ddiystyru Cleifion/Preswylwyr i Ddibenion Disgownt
 (Deddf Cyllid Llywodraeth Leol 1992 – Atodlen 1 (Para. 7))

Caiff rhai sydd â'u prif neu eu hunig gartref mewn Cartref Gofal Preswyl, Cartref Nyrsio, Cartref neu Hostel Nyrsio Salwch Meddwl eu diystyru wrth benderfynu ar hawl i ddisgownt Treth y Cyngor, ar yr amod eu bod yn derbyn gofal neu driniaeth (neu'r ddau) yn y Cartref neu'r Hostel.

Dylai'r ffurflen gais hwn gael ei llenwi gan Berchennog yr eiddo sef yr Unigolyn Atebol am dalu'r Treth y Cyngor dan ddarpariaethau 'Rheoliadau Treth y Cyngor (Atebolwydd Perchenogion) 1992', a'i hanfon yn ôl i Uned Treth y Cyngor yn y cyfeiriad uchod.

Enw a Chyfeiriad y Cartref neu'r Hostel _____

Rhif Cofrestru yn unol â Deddf Cartrefi Cofrestredig 1984 (heb fod yn cynnwys hosteli) _____

Enw'r Perchennog _____

Dyddiad dechrau'r cais _____

Nodwch nifer y rhai dros 18 oed sydd a'u hunig neu eu prif gartref yn y Cartref neu'r Hostel. (Cofiwch gynnwys perchennog/perchenogion, staff preswyl a'u teuluoedd, os yw'n briodol).

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Nifer y rhai sydd â'u hunig neu eu prif gartref yn y Cartref neu'r Hostel yn y cyfeiriad a ddangosir uchod, ac sydd ar hyn o bryd yn derbyn gofal neu driniaeth yno

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A oes unrhyw rai o'r Bobl sydd â'u hunig neu eu prif gartref yn y Cartref neu'r Hostel anabledd sylweddol a pharhaol oherwydd gwaeledd, anaf, camffurfiad cydunedigol neu ryw reswm arall?

Oes	Nac Oes

Nodwch nifer y Bobl.

A oes unrhyw rai o'r cyfleusterau canlynol yn cael eu darparu yn yr eiddo er mwyn diwallu anghenion yr unigolyn anabl? Ticiwch y blwch priodol.

Oes	Nac Oes

(a) Ystafell (heb fod yn ystafell ymolchi, cegin neu doiled) a ddefnyddir yn bennaf gan yr unigolyn anabl.

(b) Ail ystafell ymolchi neu cegin

(c) Lle digonol y tu mewn i'r eiddo er mwyn gallu defnyddio cadair olwyn yn ôl yr angen.

RHAID I'R DATGANIAD HWN GAEL EI LOFNODI GAN YR UN SY'N HAWLIO

DATGANIAD: Rwy'n datgan fod y manylion a roddwyd uchod yn wir a chywir hyd eithaf fy ngwybodaeth a'm cred a rhoddaf wybod i Gyngor Bwrdeistref Sirol Conwy ar unwaith am unrhyw newidiadau mewn amgylchiadau yn y dyfodol sy'n debygol o effeithio ar y cais hwn.

Llofnod _____

Dyddiad _____

Name & Address

Date of Issue

Property Reference Number

RESIDENTIAL CARE HOMES, NURSING HOMES, MENTAL NURSING HOMES & HOSTELS
Application by Owner(s) for Discount Disregard in respect of Patients/Residents
(Local Government Finance Act 1992 – Schedule 1 (Para. 7))

Persons who have their sole or main residence in a Residential Care Home, Nursing Home, Mental Nursing Home, or Hostel, shall be disregarded for the purpose of deciding upon an entitlement to Council Tax Discount provided that they are receiving care or treatment (or both) in the Home or Hostel.

This application form should be completed by the Owner of the premises who is the Liable Person for payment of the Council Tax under the provisions of 'The Council Tax (Liability for Owners) Regulations, 1992' and returned to the Council Tax Unit at the above address.

Name and Address of Home or Hostel _____

Registration Number in accordance with the Registered Homes Act, 1984 (excluding Hostels) _____

Owner's Name _____

Date of commencement of claim _____

Please give the total number of persons over the age of 18 years who have their sole or main residence in the Home or Hostel. (Please include owner(s), residential staff and their families, if appropriate).

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Number of persons who have their sole or main residence in the Home or Hostel at the address shown above, and who are currently receiving care or treatment there.

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Are there any Persons, who have their sole or main residence in the Home or Hostel, substantially & permanently disabled whether by illness, injury, congenital deformity or some other reason?

Yes	No

Please indicate number of Persons.

Are any of the following facilities provided in the property to meet the needs of the disabled individual? Please tick the appropriate box.

(d) A room (but not a bathroom, kitchen or toilet) predominantly used by the disabled person

(e) A second bathroom or kitchen

(f) Sufficient floor space inside the property to permit the necessary use of a wheelchair.

Yes	No

THE DECLARATION MUST BE SIGNED BY THE CLAIMANT

DECLARATION: I declare that the details stated above are true and accurate to the best of my knowledge and belief and I undertake to notify Conwy County Borough Council immediately of any subsequent changes in circumstances which are likely to affect this application.

Signature _____

Date _____