

Council Tax - Discount Application for Carers and Careworkers

Please read the guidance notes before completing the relevant part of this form.

IF YOU NEED A LARGER PRINT VERSION OF THIS FORM PLEASE CONTACT US

Guidance Notes

A person will be disregarded for the purposes of Council Tax if they fulfil the conditions in either Part 1 or 2 below:

Part 1

Is engaged in providing care or support (or both) to another person or persons and fulfils all of the following five requirements:

- a) Is providing care or support on behalf of a relevant body*
- b) Is employed to provide such care or support by the person to whom it is provided and to whom he/she was introduced by the relevant body
- c) Is engaged or employed to do so for at least 24 hours a week
- d) Is in receipt under the engagement or employment of not more than £44 per week in remuneration
- e) Is resident in the premises provided by or on behalf of the relevant body by who he/she is engaged or by his/her employer for the better performance of his/her work

* relevant body means a local authority, the common Council of the City of London, the Council of the Isles of Scilly, the Crown or a body established for charitable purposes only.

OR

Part 2

- a) Is providing care for a person who is entitled to one of the following state benefits:
 - i) an attendance allowance
 - ii) the highest or middle rate of the care component of a disability living allowance
 - iii) personal independence payment
 - iv) the appropriately increased rate of disablement pension
 - v) an increase in a constant attendance allowance, and
- b) is resident in the same dwelling as the person to whom care is being provided, and
- c) is providing care for at least 35 hours per week on average, and
- d) is not a disqualified relative of the person being cared for (a disqualified relative is a person who is the spouse of the other or they live together as husband and wife, or the parent of the other, who is a child below 18 years of age).

If Part 1 above applies, please complete Part 1 of the attached form or if Part 2 above applies, please complete Part 2 of the attached form.

Part 1 - Council Tax (Additional Provisions for Discount Disregards) Regulations 1992

Part A - Careworker Details:	Reference No:
Name of careworker:	
Address:	
Name and address of employer/charitable body:	
Name of person receiving care:	
Address where you provide care:	
Number of hours worked each week:	
Amount earned each week:	

Part B - Declaration:
I declare that the information stated on this form is true and accurate to the best of my knowledge and belief. I undertake to notify the Council of any change of circumstances which may affect entitlement to discount.
Signature of carer: Signature of liable person:
Date:

Part 2 - Council Tax (Additional Provisions for Discount Disregards) Regulations 1992

Part A - Carer Details: Reference No:

Name of person providing care:

Address:

Name of person receiving care: Date of birth:

Do both people named above live at the same address? (please tick) Yes No

Which of the qualifying benefits is the person receiving care entitled to receive? (please tick)

An Attendance Allowance under section 65 of the Social Security Contribution and Benefits Act 1992? Yes No

The Highest or Middle Rate of the care component of a Disability Living allowance Yes No

An increase in the rate of Disablement Pension under s104 of that Act? Yes No

An increase in Constant Attendance Allowance under article 14 of the Personal Injuries Civilian Scheme 1983, or under article 14(1)(b) of the Naval, Military and Air Forces etc (Disablement and Death) Service Pension Order 1983? Yes No

Important - Please enclose proof of entitlement to any of the Allowances or Pensions for which you have ticked "Yes" above.

Are you providing care for at least 35 hours a week on average? Yes No

What is your relationship to the person you are caring for?

How many residents aged 18 or over live in the property as their main home?

What date is the discount claimed from?

Part B - Declaration:

I declare that the information given on this form is true to the best of my knowledge and belief. I undertake to notify the Council of any change of circumstance which is likely to affect entitlement to discount.

Signature of Liable Person: Date:

Would you like to receive future bills by e-mail? Yes No

If yes, please give your e-mail address