

Date:
Our Reference: WEB
Please enter your Council Tax Ref
Number:

**DISREGARDED PERSON FOR THE PURPOSE OF COUNCIL TAX
CAREWORKER**

To claim Council Tax discount for a person providing care or support to another person, please complete this application form and return it to the above address. Details of the conditions relating to the discount are printed on the back of this form.

Please use capital letters

Carer's Name: _____

Name and age of person receiving care: _____

Relationship to person receiving care: _____

Address where care is provided: _____

Date carer became resident: _____

Carer's previous address: _____

Please list below all people aged 18 or over living at the address and state if any are disregarded for Council Tax.

1. _____

2. _____

3. _____

4. _____

**PLEASE REMEMBER TO ENCLOSE PROOF OF BENEFIT
(See overleaf section B)**

DISREGARDED PERSON FOR THE PURPOSE OF COUNCIL TAX CARE WORKER

Notes of guidance

The discount will apply to a person on a day if he or she is:

- A) 1 engaged to provide care or support to another person(s); and
- a) that care is on behalf of a local authority, the crown or a charitable organisation; or
 - b) introduced to that person by a local authority, the crown or a charitable organisation; and
- 2 engaged or employed for at least 24 hours a week; and
- 3 receiving not more than £44.00 a week wages; and
- 4 resident in premises provided by the person being cared for, a local authority, the crown or a charitable organisation.

OR

- B) 1 providing care to a person who is entitled to:
- a) a higher rate attendance allowance; or
 - b) middle or highest rate of care component of Disability Living Allowance; or
 - c) increased rate of disablement pension; or
 - d) increased constant attendance allowance; and
- 2 resident with the person receiving the care; and
- 3 providing the care for at least 35 hours a week on average; and
- 4 not the partner of the person receiving care, or the parent where the person being cared for is under 18.

Declaration to be signed by the applicant.

WARNING: Deliberately given false information could lead to the imposition of a £70 penalty.

I declare that the information given is complete and accurate to the best of my knowledge. I understand that the Council may check the validity of the information provided.

Full name:

Date:

Signature:

Daytime Telephone No:

PLEASE NOW RETURN THE FORM TO THE ADDRESS OVERLEAF