

**COUNCIL TAX DISCOUNT APPLICATION - CARER**




Name & Address	Property Address

You have indicated that there is someone who normally lives in your home who should not be counted for Council Tax purposes. For a discount to be considered you must provide the information, sign the declaration and return this form to the Council Tax Section.

Please complete in BLACK INK.

<b>1 Name of person providing care</b>		
Is the person named above providing care or support		YES/NO
Is the person named above living at the same address as the person/persons being cared for		YES/NO
<b>2 Who is being cared for</b>		
<i>Full Name</i>	<i>Date of birth</i>	<i>Relationship (if any) between carer and person(s) being cared for</i>
a)		
b)		
<b>3 Which of the following is the person(s) named at 2 entitled to</b>		
	<i>Person (a)</i>	<i>Person (b)</i>
Higher Rate Attendance Allowance	Yes/No	Yes/No
Higher Rate of the Care component of a Disability Living Allowance	Yes/No	Yes/No
An Increased Rate of Disablement Pension paid to a person in need of constant attendance	Yes/No	Yes/No
An Increased Rate of Constant Attendance Allowance	Yes/No	Yes/No
Please give the date the Allowance was first paid		
<b><i>Please enclose proof of this - either send the allowance/pension book to me (this will be sent back by return post) or send a photocopy of the page of the allowance/pension book which shows the amount received</i></b>		
If you want us to backdate this discount please give date you wish to apply from		
<b><i>Please provide proof that you were entitled to one of the above allowances/pensions from this date. If you do not have any proof please enclose a letter giving us permission to contact the Department of Social Security direct to confirm your entitlement</i></b>		

4 Time spent providing care	
Is the carer providing for an average of at least 35 hours per week?	YES/NO

5 Declaration		
I declare that the information I have given is correct to the best of my knowledge:		
Name:		
Signature:		
Date:		
 Daytime	 Evening	 Mobile
E-mail address		

**PLEASE NOTE:** The information supplied on this form will be used for the purpose(s) for which you have supplied it, and, where appropriate, will also be used by the Council in carrying out its various functions effectively. It will not be shared with other organisations unless we are required to do so by law. However the Council will always use or share information for the prevention or detection of crime, or the apprehension or prosecution of offenders

**YOU MUST TELL THE COUNCIL TAX SECTION OF ALL CHANGES OF CIRCUMSTANCES WHICH MAY AFFECT YOUR RIGHT TO A DISCOUNT**