

COUNCIL TAX DISCOUNT

DISCOUNTS FOR CARE WORKERS

The Local Government Finance Act 1992 provides that any person who is providing care and/or support and complies with the requirements in either Part A or Part B below, will not be counted in the total number of adult residents for Council Tax purposes.

If you or a member of your household is a care worker you may qualify for a Council Tax discount.

Part A

1. The person must be either providing care and/or support on behalf of a local authority or charity or be employed by the cared for person to whom he/she was introduced by a charitable body.
2. The person must reside in premises provided for the better performance of his/her work as a care worker.
3. The person must be employed for a minimum 24 hours per week and earn no more than £30 per week prior to 1 April 1998 and £36 per week from 1 April 1998.

OR

Part B

The person must be providing care to a person in receipt of one of the following:

- a) higher rate attendance allowance
- b) highest rate of the care component of disability living allowance
- c) increased rate disablement pension
- d) increased constant attendance allowance

and be resident in the same dwelling as the cared for person and be providing care for at least 35 hours per week.

The person will NOT qualify if he/she is the spouse of the cared for person or if they live together as husband and wife or if he/she is the parent of a child under 18 requiring care.

If you consider that you may qualify for a discount please complete and return the application form, together with any evidence of earnings or pension/allowance to the above address.

G Hawkins
Assistant Director (Benefits and Taxation)

CARE WORKERS

THIS FORM SHOULD BE COMPLETED BY THE PERSON WHO IS LIABLE FOR PAYMENT OF THE COUNCIL TAX

Please write in ink, use BLOCK LETTERS

1.

ADDRESS OF COUNCIL TAX PROPERTY

Name:.....

.....

COUNCIL TAX ACCOUNT NUMBER

2.

NUMBER OF RESIDENTS

How many adults aged 18 or over, INCLUDING YOURSELF AND THE PERSON FOR WHOM A DISCOUNT IS CLAIMED, live in the property?

This section MUST be completed.

3.

Full name of the person **providing** the care.

Surname..... First name(s).....

Full name and address of the person **receiving** the care.

Surname..... First name(s).....

Date of birth *(If aged under 18)*

Address:

.....

Where does the carer live when providing care?

How many hours per week is care provided?

What is the relationship, if any, between the carer and the person receiving care?

.....

4.

SECTION A Complete this section if the requirements of part A overleaf are fulfilled.

Is care provided on behalf of a local authority or charity? **YES/ NO**

If **YES**, please give name and address of employer:

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Is the carer employed by the person receiving care? **YES/ NO**

How much does the carer earn per week?

Evidence of earning must be provided, i.e. wage slips or a statement from the employer

SECTION B Complete this section if the requirements of part B overleaf are fulfilled

Which of the following does the cared for person receive?

Higher rate attendance allowance	YES/ NO
Highest rate care component of disability living allowance	YES/ NO
Increased rate disablement pension	YES/ NO
Increased constant attendance allowance	YES/NO

5.

DECLARATION

I declare that the information on this form is complete and accurate to the best of my knowledge and belief.

Signature: Date:

WARNING : Deliberately giving incomplete or false information could lead to a penalty of £50.