

# Council Tax Claim Form for a Carers Disregard

Account Information

Account reference: \_\_\_\_\_

Applicants Full Name: \_\_\_\_\_

Address of Property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Tel No: \_\_\_\_\_

Mobile Tel No: \_\_\_\_\_

A person will be disregarded for the purposes of Council Tax on a particular day if he/she is engaged in providing care or support and the prescribed conditions are fulfilled.

Are you a relevant body (See explanatory notes overleaf) to provide care or support. If yes complete Section 2 if not complete section 1.

Section 1 Carer

Full name of person being cared for \_\_\_\_\_

Is the carer caring for their husband or wife, or someone with whom they live as husband or wife?

Yes      No

Is the carer caring for their child who is under the age of 18yrs?

Yes      No

Does the carer live in your house?

Yes      No

Is the person you are providing care for in receipt of any of the following?

i) An attendance allowance      Yes      No

ii) The highest or middle rate of the care component of disability living allowance      Yes      No

iii) An increase in the rate of disablement pension      Yes      No

iv) An increase in a constant attendance allowance under the provision to article 14 of the personal injuries (civilians) scheme or under article 14(1)(b) of the Naval, Military and Air Forces etc (Disablement and Death) service pensions order 1983

Yes      No

v) The standard or enhanced rate of the daily living component of personal independence payment

Yes      No

How many hours per week on average do you provide care for?

\_\_\_\_\_

Section 2 – Careworker.

Please state the name of the person you provide care for. \_\_\_\_\_

Please state which organisation employs you to provide care/support.

Please state where you live when providing care/support.

Address Line 1. \_\_\_\_\_

Address Line 2. \_\_\_\_\_

Address Line 3 \_\_\_\_\_

Postcode \_\_\_\_\_

Please state how many hours per week you provide care for \_\_\_\_\_

Please state how much remuneration you receive weekly for providing care. \_\_\_\_\_

Declaration.

I declare that the information provided is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full name \_\_\_\_\_ Date \_\_\_\_\_

If someone is applying for you they should sign below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full name \_\_\_\_\_ Date \_\_\_\_\_

## EXPLANATORY NOTES

A relevant body means a local authority with the meaning of the Local Government Act 1972.

- The Common Council of the City of London.
- The Council of the Isles of Scilly.
- The Crown
- A body established for charitable purposes only.

A person providing care will not be disregarded for Council Tax if he/she is caring for a disqualified relative. A person is a disqualified relative of another if he/she is the spouse of the other or they live together as husband and wife OR he/she is the parent of a child who is under the age of 18 years old.

**IMPORTANT NOTICE:** Payment of council tax must be made as shown on your bill until this application has been notified officially.