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Dear Sir / Madam

APPLICATION FOR COUNCIL TAX STATUS DISCOUNT CARE WORKERS / CARERS

Further to your recent enquiry regarding Council Tax status discount for Care workers. Under the provisions of the Local Government Finance Act 1992 a person may be disregarded for discount purposes if they meet the criteria detailed below.

The discount is also dependant on the number of adults resident in the property. If there are two or more people who are not disregarded for Council tax purposes then the care worker discount will not apply.

Care workers are disregarded for discount purposes if

a) They are providing care or support through a connection with the Crown, a Local Authority or a Charity.
They are employed for a minimum of 24 hours per week and are paid no more than £44.00 per week.
They are resident where the care is given or are in premises provided for the better performance of their work.

or

b) They are providing care for a person who is entitled to one of the following benefits:

Higher rate attendance allowance
The highest rate of the care component of Disability Living Allowance
The appropriately increased rate of disablement pension
An increase in a constant attendance allowance

They are resident in the same dwelling as the person they are providing care for.

They are providing care for at least 35 hours per week.

They are **not** the spouse or partner of the person being cared for.

They are **not** the parent providing care for a child below 18 years of age.

Please complete the form following this letter and return it with the proofs of compliance requested. Upon receipt of this, your application for the discount will be considered and you will be notified in due course if your application has been successful.

If you have any queries or require further information please contact the Council Tax office on the above telephone number.

Yours faithfully,

Mrs S.L. Stankowski
Local Taxation Manager

APPLICATION FOR COUNCIL TAX CARE WORKERS / CARERS DISCOUNT

Council Tax Ref Number (if known): _____

1. Address of Property:

2. Number of adults resident in the property:

3. Name(s) of the person(s) being cared for

3. Is / are the person(s) being cared for in receipt of (please tick relevant boxes):

Higher rate Attendance Allowance:

Highest rate care component of Disability Allowance:

Increased rate of Disablement Pension:

Increased constant Attendance Allowance:

Proof of allowances must be submitted with your application.

4. Name(s) of the person(s) providing care, their relationship (if any) to the person being cared for and the number of hours care provided per week:

Name:

Relationship:

No of hours care per week:

If you are **employed** as a care worker please complete questions 6 to 10

5. If care is provided through a connection with the crown on behalf of a Local Authority or Charity please give name and address of Employer:

Name & Address of Employer:

6. Is the care worker employed by the person being cared for:

7. What is the minimum number of hours worked by the care worker per week:

8. Care workers weekly earnings: £

9. Is the care worker residing where the care is being given or at a premises provided for the better performance of the work:

A copy of your contract of employment must be submitted with your application

Name:

Signed:

Date:

Daytime Telephone Number: