**Discount Application for Care Providers or Care Workers**

A 25% discount may apply if one or more of the occupants of a property provide care for someone else who lives there. This is because the carer is classed as not counted for Council tax purposes.

No discount applies if two or more people other than the carer (or anyone else who is not counted) live in the property.

**If a person is providing unpaid care to someone else, what are the conditions for not being counted?**

A person who is **not paid** to provide care may be disregarded for the purpose of Council Tax if he/she meets the following requirements:

* he/she is **providing care** to a person who is in receipt of either -
  - attendance allowance; or
  - the highest or middle rate of the care component of disability living allowance; or
  - an increase in the rate of his/her disablement pension; or
  - an increase in a constant attendance allowance.
* he/she is **resident in the same dwelling** as the person to whom he/she is providing care;
* he/she is providing care for **at least 35 hours a week** on average;
* he/she is **not the partner** of the person for whom care is provided or is not the parent if that person is a child below the age of 18 years.

**If a person is a care worker, what are the conditions for not being counted?**

To qualify for discount as a care worker (as opposed to an unpaid care provider as above) all of the following conditions must be satisfied by the care worker;

* The care worker must be caring through a connection with the Crown, a charity or a local authority,
* must be **employed as a care worker** for at least 24 hours a week,
* must be paid **no more than** £44 per week,
* must be resident where the care is given, or in premises provided for the better performance of the work.

**Application Details**

**This form should be completed by the person who is liable to pay the Council Tax. Please read the information on the cover page carefully before completing the form.**

1. **Name of Council Tax Payer**

**Council Tax Reference:**

**Property Reference Number:**

3. **Number of People living in the property (Aged 18 or over)**

4. **Name of Person(s) providing Care**

2. **Address**

**PART A**

1.

2.

5. **Name of person receiving care**

1. **Benefits and allowances**

**PART B**

The person receiving care must be entitled to one of the following allowances, please tick the relevant box (es) **and provide proof of these:**

 **Date Awarded**

* Attendance Allowance

* Personal Independence Payments
* Higher or Middle rate of care component for

Disability Living Allowance

* Disablement Pension with an increase due

to constant attendance needed

* Constant Attendance Allowance

* Disability Working Allowance

(There are additional conditions when this benefit is

 payable - we will contact you further if this is payable)

1. **Does the person(s) providing the care live in**

**the same property as the one receiving it? Y/N**

****

1.

1. **How many hours each week does the carer(s)**

**provide?**

2.

1. **What is the relationship between**

1.

 **the carer(s) and the cared for?**

2.

1. **Date of birth of the person**

**receiving care?**

Please also supply the following information, so we may contact you if we have a query:

Email address

****The email address provided will be used to send your Council Tax Bill by email rather than a paper copy by post unless you tick the NO to ebilling box.

NO to ebilling

Daytime Telephone Number

 **Declaration**

Please read this declaration carefully before you sign and date it.

**I declare that the information given on this form is correct. I understand I must notify you immediately if there are any changes to the property or household which may affect any reduction I am granted.**

Signed (Carer one)……………………………………………………. Date…………………………………………………………….

Signed (Carer two)……………………………………………………. Date…………………………………………………………….