



## Council Tax: Application for a Carer's Discount

If you have any questions or problems filling in this form, please telephone us on 01283 508030, or call into our Customer Service Centres at either the Market Place, High Street, Burton upon Trent or The Library, Red Gables, High Street, Uttoxeter.

**Guidance Notes:**

**Please complete both sides of this form.**

To be classed as a 'carer' (and possibly be awarded a discount on your council tax account) you must fulfil **ALL** of the following criteria:

1. **You must look after someone who LIVES with you, and who is over the age of 18, and**
2. **The person being cared for is NOT your spouse or partner, and**
3. **THE PERSON BEING CARED FOR must be in receipt of ONE of the following benefits:**
  - A higher rate of the care component of **Disability Living Allowance**
  - A higher rate of **Attendance Allowance**
  - An increase in rate of the **Disability Pension** under Section 104 of the Social Security and Benefits Act 1992
  - An increase in the **Constant Attendance Allowance** under the provisions of Article 14 of the Person Injuries (Civilians) Scheme 1983 or under Article 14(1)(6) of the Naval, Military and Air Forces (Disablement and Death) Service Pensions Order 1983, and
4. **You must provide care for AT LEAST 35 hours per week.** If more than 1 person in the household provides care, they may also be classed as a Carer if they fulfil all the criteria.

Details of household and person(s) providing care	
<b>Address where care being given</b>	
<b>Name of ALL residents over 18 at this address</b>	
<b>Name of person receiving Care</b>	
<b>Name(s) of person(s) providing care. Please also indicate number of hours per week provided by each carer</b>	
<b>Contact telephone number</b>	
<p><b>If there is a second Carer in the household, it will help your application if you can enclose a letter from a qualified professional, such as a doctor or social worker, to confirm that you provide care for at least 35 hours per week.</b></p>	

## Details of person(s) receiving care

Please answer YES or NO to questions 1 to 4 and provide dates for questions 4 and 5 (if applicable)

<b>Is the person being cared for:</b>  <b>1. Over the age of 18?</b>	<i>(Please state YES or NO)</i>
<b>2. A person OTHER than your spouse or Partner?</b>	<i>(Please state YES or NO)</i>
<b>3. In receipt of one of the qualifying benefits (as detailed overleaf)?</b>  <b>If YES, please provide a photocopy of the original allowance letter / statement</b>	<i>(Please state YES or NO and provide evidence if 'yes')</i>
<b>4. Resident at the same address as the carer?</b> <b>If YES, please state the date this was from:</b>	<i>(Please state YES or NO and provide the date the carer became resident if 'yes')</i>
<b>5. If different, the date the person started receiving care from:</b>	

### DECLARATION:

The information I have given on this form is correct. I will notify you immediately if I believe I am no longer eligible for the discount granted in respect of this application.

**SIGNATURE OF APPLICANT(S):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please return this form, along with any evidence, either by post in the pre-paid envelope, or in person at one of our Customer Service Centres in Burton or Uttoxeter.

Please note that the person being cared for may also be disregarded, depending on their circumstances, which could increase the discount awarded. Please contact us (01283 508030) or speak to a Customer Services Officer, to find out more.