

SOUTH GLOUCESTERSHIRE COUNCIL

Department for Resources and Business Change, Revenue Services,
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COUNCIL TAX DISCOUNT APPLICATION RESIDENTIAL CARERS

FORM
A

You may qualify for a discount if you provide support or care to another person residing at the same address provided there are no more than two resident adults living in the property who are not subject to a discount. More than one person living in the same dwelling can count as a carer (a separate application for each carer will need to be completed). Before filling in this form please read the notes overleaf.

SECTION 1

APPLICANT'S NAME (must be a person liable to pay the Council Tax on the dwelling)	
COUNCIL TAX BILLING NUMBER	
ADDRESS	
DAYTIME TELEPHONE NUMBER	

SECTION 2

NUMBER OF RESIDENT ADULTS LIVING IN THE PROPERTY INCLUDING THE PERSON NAMED BELOW (i.e. persons aged over 18)	
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SECTION 3

Please enter the carer's details below in ink and capitals

NAME	
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SECTION 4

Who is receiving care?

NAME	
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SECTION 5 - EMPLOYED CARERS

Does the carer belong to a charitable organisation such as the Community Service Volunteers, or have they been introduced by such an organisation?

YES NO

If you have answered 'NO' to this question please go to SECTION 6.

Employed carers must meet the following requirements:

- * There must be a contract of employment through a relevant body
- * They must be required under the contract to work at least 24 hours per week providing care or support
- * Their wages must not exceed £44 per week
- * They must live in the premises in which they are employed

Please give details of the carer's employment. The enclosed Certificate of Earnings must be completed by the carer's employer and returned with this form.

NAME AND ADDRESS OF EMPLOYER	
	POSTCODE

WEEKLY EARNINGS	£	WEEKLY HOURS WORKED	
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NOW GO TO SECTION 7

SECTION 6 - OTHER CARERS

In order to qualify for Other Carers Discount the following requirements must be met:

- * the person being cared for must be entitled to certain benefits.
- * the carer must live in the same residence as the person for whom care is being provided
- * the care must be provided for at least 35 hours per week
- * the carer must not be the spouse, civil partner or partner of the person being cared for
- * the carer must not be the parent of the person being cared for if that person is under 18 years of age

I declare the person being cared for is entitled to one of the following benefits:

Please tick the applicable boxes and also supply evidence of the current entitlement.

An attendance allowance	
The highest or middle rate of the care component of a disability living allowance	
The appropriately increased rate of disability pension	
An increase in a constant attendance allowance	
The standard or enhanced rate of the daily living component of personal independence payment under section 78(3) of the Welfare Reform Act 2012	

Is the carer resident in the same dwelling as the person for whom he/she is providing care? YES NO

On average how many hours per week are they providing care

Is the carer the partner of the person receiving care? YES NO

Is the carer the parent of the person receiving care? YES NO

Is the person being cared for under 18 years of age? YES NO

SECTION 7

DECLARATION BY APPLICANT (OR PERSON AUTHORISED TO ACT ON THEIR BEHALF)

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

SIGNATURE OF APPLICANT	DATE / /
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You must notify the Director of Corporate Resources immediately if you have any change in circumstances.

NOTES FOR APPLICANT

1. You do not have to complete this form unless you wish to claim a discount but if you provide false information you may be subject to a penalty of £70 and prosecution under the Theft Act 1978.
2. Any information provided will be treated in the strictest confidence but may be stored on computer and is therefore subject to the provisions of the Data Protection Act 1984.

THIS FORM SHOULD BE RETURNED TO THE COUNCIL'S OFFICES AT THE ADDRESS SHOWN AT THE HEAD OF THE APPLICATION.