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APPLICATION TO BE DISREGARDED FROM COUNCIL TAX DUE TO BEING A CARER

You should complete this form if you wish to be disregarded for Council Tax purposes due to being a carer. The completed application form then needs to be returned to us at the address at the bottom of this form. Please read the Guidance Notes before completing this application form and complete this form in BLOCK CAPITALS using black ink.

*Denotes a mandatory field which must be filled in for your application to be processed.

*1. Full Name of Applicant:				
*2. Address of Property for which discount is being claimed:				
3. Account Reference:				
*4. How many adults (age 18 or over) class the above address as being their main home?				
*5. Please provide the full name of the person you provide care for:				
*6. Are you resident with this person?		<u>Answer YES or NO</u>		
*7. Is this person related to you? (see Guidance Notes)		<u>Answer YES or NO</u>		
*8. If YES how are they related to you?				
*9. Is the person you are providing care for in receipt of any of the following: [please tick appropriate box(es)]				*Date Benefit awarded
				Day Month Year
Higher rate attendance allowance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The highest rate of the care component of a disability living allowance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An increase in the rate of his / her disablement pension		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An increase in a constant attendance allowance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You will need to provide proof the qualifying benefit				
*10. How many hours per week, on average, do you spend providing care for the above named person?				
*11. Please provide the date you commenced providing care for this person:		Day	Month	Year

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DECLARATION: I declare to the best of my knowledge and belief all the information I have given on this application is true and complete in all respects. I authorise the Council to make any enquiries they wish to verify the information.

I UNDERTAKE TO NOTIFY THE COUNCIL AS SOON AS THESE CIRCUMSTANCES CHANGE. I ACKNOWLEDGE THAT FAILURE TO DO SO COULD RESULT IN A PENALTY BEING IMPOSED.

*Signature_____ *Full Name_____

*Date_____ Telephone Number_____

Guidance Notes

A person can be disregarded as a carer if that person is:-

1. Providing care for a person who is in receipt of a higher rate of –
 - Higher rate of Attendance Allowance under Section 65 of the Social Security Contributions and Benefits Act 1992
 - Highest rate of the Care Component of Disability Living Allowance under Section 72 of the Social Security Contributions and Benefits Act 1992
 - An increase in the rate of disablement pension under Section 104 of the above act
 - An increase in the constant attendance allowance under the above act;
2. Resident within the same dwelling as the person being cared for;
3. The person must be providing care for at least 35 hours per week;
4. Not the husband or wife or partner of the person they are caring for;
5. Not the parent of the person if he/she is under the age of 18.

A person providing care will not be disregarded for Council Tax purposes if he/she is caring for a disqualified relative.

Evidence of the qualifying benefit will need to be provided.

PLEASE NOTE that these Carer disregard rules are laid down by Government Regulations, not by the Council. The Council is not able to change these rules.

If there are 2 or more adults in the property who are not disregarded for any reason no discount will be applicable.

Please ensure that the Application Form is returned to us with the signed declaration and evidence of the qualifying benefit.