



**Reference Number (if known):**

**COUNCIL TAX DISCOUNT - CARERS**

**Applicant:**

This form should be completed by the person responsible for paying the Council Tax (the liable person).

**Please note:**

The carer(s) must be resident in the same property as the person they are providing care for.

The carer cannot be a disqualified relative – which is a person who is the spouse of the person being cared for, or the parent of a person being cared for who is under 18 years old.

**Section 1. Application Information** - if the same as above please tick this box and continue to section 2

Name:

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Property Address:

**Section 2. Residents** – please list all adult residents in the property, including yourself:

Title	Forename(s)	Surname(s)



### Section 3. Details of Care

Full name of person(s) receiving care:	Date(s) of Birth:
Full name of person(s) providing care:	
Date discount applicable from (for which proof must be provided):	
If employed, is care being provided for at least 24 hours per week?	Yes / No
If voluntary, is care being provided for at least 35 hours per week?	Yes / No

Please complete either section 4 OR section 5

### Section 4. If you are employed to provide care, please ask your employer to complete this section. If you are providing care on a voluntary basis please go to Section 5:

I confirm the person named here is employed as a carer, is engaged or employed to do so for at least 24 hours a week, and receives not more than £44.00 a week for this.

Name:..... Signed:..... Date:.....

Organisation:..... Position:.....

### Section 5. Please complete this section if you are providing care on a voluntary basis:

Is the carer a spouse or parent of the person being cared for?	Yes / No
Is the person being cared for receiving one or more of the following benefits:	
An attendance allowance	Yes / No
Highest or middle rate of the care component of disability living allowance	Yes / No
Daily living component of Personal Independence Payment (PIP)	Yes / No
An increase in the rate of disablement pension	Yes / No
An increase in a constant attendance allowance	Yes / No

**Please enclose proof of the benefit entitlement.**

### Section 6. Declaration

I declare the information given above is correct to the best of my knowledge and belief.

Print Name:..... Signed:..... Date:.....

Please supply a telephone number and/or email address where you can be contacted:

Telephone:
Email:
I would like to receive electronic bills via email <input type="checkbox"/>

**We can provide this information in different formats if needed. Please call 01707 357000 and ask for the Council Tax section or email [c.tax@welhat.gov.uk](mailto:c.tax@welhat.gov.uk)**