

# Council Tax Carers and Care Workers Discount claim form



Revenues and Benefits Service

West Somerset House  
Killick Way  
Williton  
Taunton  
TA4 4QA  
Telephone 01643 703704

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## Please read these notes before you fill in the form

Your Council Tax bill assumes there are at least two adults living in your home. If only one adult lives in a property, we can reduce the Council Tax by 25%.

Some people are not counted as living in a property for Council Tax purposes, so even if there is more than one adult living in your home, you could still get a discount.

We do not count **carers** and **care workers** as living in your home for Council Tax purposes.

By '**carer**', we mean someone who lives with, and cares for, a person with a disability who is getting a qualifying benefit. They must provide care for at least 35 hours a week on average.

The person being cared for cannot be the carers' partner or child under the age of 18 years.

The qualifying benefits are:

- The highest rate care component of Disability Living Allowance
- An increase in Constant Attendance Allowance
- The standard or enhanced rate of the daily living component of Personal Independence Payment (PIP)
- A higher rate Attendance Allowance
- An increase in the rate of War Disablement Pension for constant allowance

By '**care worker**', we mean someone who cares for an elderly person or someone with a disability. They must:

- Live somewhere provided by an employer because this means they can provide better care; and
- Provide care or support on behalf of a relevant body (such as an organisation like Community Service Volunteers) or be employed by a charitable body, public authority or the person they are caring for; and
- Provide care or support for at least 24 hours a week; and
- Get less than £44 a week from the employer (this is the gross amount)

## How to fill in this form

Please fill in the form using **black ink**. Answer **Yes** or **No** questions by putting a tick ✓ in the relevant box. If you find it difficult to fill in the form, please telephone us on 01643 703704.

When you have filled in the form **make sure you read and sign the declaration in Part D**.

Please return it to: Revenues and Benefits Service, West Somerset House, Killick Way, Williton, Taunton TA4 4QA.

If you would like this form translated into other languages or in Braille, large print, audiotape or CD, please contact us.

## Part A. Your household

Address this claim is for

«Prop1Address1»

«Prop1Address2»

«Prop1PostCode»

How many people currently live in your property?

Include anyone who may be temporarily absent (e.g. is working away, on holiday or in hospital)

Tell us the name and address of the person being cared for

Tell us the name and address of the person providing the care

Is the person providing care employed as a care worker?

Yes

[Go to Part B](#)

No

[Go to Part C](#)

## Part B. Care Workers

Tell us the name and address of the care workers' employer

Does the care worker live in a property provided by their employer because this allows them to provide better care?

Yes

No

If their employer is a registered charity, please tell us their registration number

How much does the care worker earn each week for providing care (tell us their gross amount)?

£

a week

How many hours a week does the care worker provide care at this address?

[Now go to Part D](#)

## Part C. Carers

What is the relationship between the carer and the person being cared for?

How many hours a week does the care worker provide care at this address?

Tell us the qualifying benefits the person being cared for receives

**We need to see proof of this, such as a copy of their latest award letter**

When did you start providing care for this person in your home?

## Part D. Declaration

Even if someone has filled in this form for you, you must sign this declaration if you can. Read this declaration carefully before you sign and date it.

- **I declare** the information I have given on this form is correct and complete.
- **I agree** to tell the Council within 21 days of any change in my circumstances that may affect my claim for this discount or my right to this discount.
- **I understand** you could add a penalty of £70 to my Council Tax bill if I fail to tell you of a change affecting my right to this discount within 21 days, or if I give wrong or incomplete information.

Your signature

Date

/ /

Your full name

If you are not the Council Tax payer for this property, please tell us your full name, address and why you have completed this form

Daytime telephone number or E-mail address

West Somerset Council is under a duty to protect the public funds it administers, and to this end may use the information you provide on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.