



Enquiries to: **Billing Section**
 Direct Dial: **(01827) 719357**

Date of issue:	
Account Ref	
Uprn:	

Please complete this form and return to:
 COUNCIL TAX DEPARTMENT
 COUNCIL HOUSE
 SOUTH STREET
 ATHERSTONE
 CV9 1DE
 Telephone: **01827 719357**
 Email: counciltax@northwarks.gov.uk

CARERS



Please note, to qualify for this discount, the carer must be resident in the same property as the person they are providing care for. A Carer should not be a disqualified relative of the person being cared for. A disqualified relative is a person who is the spouse of the other or they live together as husband and wife, or the parent of the other, who is a child under 18 years old.

APPLICATION FOR PERSONS TO BE DISREGARDED FOR COUNCIL TAX PURPOSES

This form is to be completed and returned by the person responsible for payment of the Council Tax (the liable person).

PART 1: Please provide the following information:

Name:	
Property Address:

PART 2: Please list below all residents in the property, including yourself:

Title:	Forename(s):	Surname(s):

PART 3: Please confirm the following information:

Full name of person(s) providing care:	
Full name of the person(s) receiving care and their date of birth:	
What date are you claiming the discount from:	
Is the person receiving care resident in the same dwelling as the carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PART 4: Please provide the following details regarding the care provided:

Is the carer <u>employed</u> to provide care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the carer a spouse/partner or parent of the person receiving care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is care provided for at least 35 hours per week?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If the person being cared for is receiving one or more of the following benefits, please tick the appropriate box(es):	
Attendance allowance at any rate	Yes <input type="checkbox"/> No <input type="checkbox"/>
The middle or highest rate of the care component of a disability living allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>
An increase in the rate of his/her disablement pension	Yes <input type="checkbox"/> No <input type="checkbox"/>
An increase in a constant attendance allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>
The daily living component of Personal Independence Payment	Yes <input type="checkbox"/> No <input type="checkbox"/>

PLEASE NOTE: The allowance / pension book or written confirmation from the D.W.P must be provided when making this application. These documents must confirm the start date of claim.

I declare that the information given above is correct to the best of my knowledge and belief.	
Signed:	Name (BLOCK CAPITALS):
Tel:	Date:
E-mail:	

IMPORTANT:
You must notify the Council Tax department if the above circumstances change.
If you fail to do so, you may be subject to a penalty of £70.