COUNCIL TAX DISREGARD APPLICATION FORM - CARER

Account Number	
Property Reference	
Property Address	
Issue Date	
Return by Date	

DETAILS OF PERSON TO BE DISREGARDED

Forename	
Surname	
Address	
Name and address of the person receiving care	
Detail of the care or support (or both being provided)	
Date discount requested from	
Does the person to be disregarded live with the person receiving care?	**YES / NO**
Number of hours a week care is provided	
Amount of weekly pay for providing care	£
Relationship between person receiving care and the carer	

Please indicate which benefit/allowance/pension the person is receiving care is entitled to:

Attendance Allowance	**YES / NO**
Higher or middle rate of the care component of a disability living allowance	**YES / NO**
Increase in disablement pension where constant attendance is needed	**YES / NO**
Increase in constant attendance allowance under war pension provisions	**YES / NO**
Standard or enhanced rate of daily living component of personal independence payment	**YES / NO**
Armed forces independence payment	**YES / NO**

Please enclose either the benefit/allowance/pension book or letters of entitlement from DWP (this will be returned as soon as possible)

The date the above benefit/allowance/pension was awarded	

PROPERTY

Number of people over 18 who live at this address	
Number of people aged 16 or 17 who live at this address	

DECLARATION

I declare that the information given on this form is complete and accurate to the best of my knowledge. **REMEMBER, if you give false information, you may be prosecuted.** In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information for the same purposes, with other organisations that handle public funds.

The information on this form will be used in accordance with the Council's registration under the Data Protection Act 1998

Full Name (BLOCK CAPITALS)	
Telephone Number	
Signature	
Date	