

Revenues and Benefits  
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On Line: [www.durham.gov.uk/counciltax](http://www.durham.gov.uk/counciltax)  
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Account Ref:  
CTDISCEXMT

Name & Address

Date

### Council Tax Discount Application – Carers

For the purpose of this discount the care worker must fulfil either criteria in Section A or Section B. If you have any queries or need help in completing this form please do not hesitate to contact us.

Full name: \_\_\_\_\_ D.O.B \_\_\_\_\_  
(Person to be disregarded)

Address: \_\_\_\_\_  
\_\_\_\_\_

Number of adults living in the property over 18

#### Section A

A person can be disregarded as a care worker for the purpose of Council Tax if they are employed to provide care or support someone for at least 24 Hours a week and be paid no more than £44 a week for doing so.

If you are employed to provide care to another person or persons on behalf of a public authority, a charitable organisation or the government please fill in this section. You must also live in accommodation provided by your employer to help you perform your work.

Full name of carer: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Name of person care is been provided to: \_\_\_\_\_

Please provide the date on which the carer began providing this care: \_\_\_\_\_

How many hours do you work? \_\_\_\_\_ per week

Weekly/Monthly Earnings £ \_\_\_\_\_ (please provide evidence e.g. pay slips)

**Section B**

If you are a carer, we may disregard you for the purpose of Council Tax, if you provide care or support for at least 35 hours a week to another person who lives with you. This person must not be your partner, your spouse, or your child aged under 18.

Name of person providing care: \_\_\_\_\_

Name of the person receiving care \_\_\_\_\_

Is the person receiving care the spouse or partner of the carer? YES  NO

Is the person receiving care the son/daughter who is a child under 18? YES  NO

Does the carer provide for at least 35 hours per week on average? YES  NO

Please provide the date on which the carer began providing this care \_\_\_\_\_

The person being cared for must be entitled to one of the following benefits listed below, what benefit does the person being cared for receive? (Please tick)

a) Attendance allowance at any rate

b) The higher or middle rate of the care component of disability living allowance (Replaced from the 8th April 2013 to Personal Independence Payment - Standard and Enhanced Rates)

c) An increase in the rate of disablement allowance

d) An increase in a constant attendance allowance

**Note: A letter of entitlement to the above benefit(s) must be enclosed**

**Declaration**

I declare that the information given by me on this form is correct to the best of my knowledge and belief. I understand that failure to supply or giving false information is an offence for which a penalty may be imposed. I also understand that I must inform the Council Tax Section as soon as there is any change in the information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**You must notify the Council immediately if there is a change in your circumstances, which may affect this information. Contact details are provided above.**

**Data Protection Act**

For information: In line with Data Protection law we may use information you give us to prevent or detect fraud or other crimes. We may also share it with other Council Services or public organisations if they need it to carry out their duties.