

Revenues Service  
P.O. Box 60  
Leeds LS2 8JR

Acct Ref No:

## **Council Tax – Application for Carer Discount**

You can get a discount if the carer is:

- living with, and caring for, someone who has a disability, who is **not** his/her spouse or partner or child under 18, but who **is** entitled to one of the benefits listed on the back of this form, and
- providing care for at least 35 hours a week on average.

If you think this applies, please fill in the application form on the back and send it back to us. Please make sure you send us all the information and proof we have asked for. We will not be able to give any discount until we have received everything we need.

If you have any questions about the form, please contact us.

## Application for Carer Discount

Please give the address you are claiming the discount for.

.....  
.....  
.....

Please list all the people who live at the above address who are 18 or over.

.....  
.....  
.....  
.....

Which of the above people is the Carer?.....

Which of the above people is the person who is being cared for?.....

Is the person receiving care the spouse or partner of the Carer? **Yes/No**

Is the person receiving care the Carer's son/daughter who is a child under 18? **Yes/No**

Does the Carer provide care for at least 35 hours per week, on average? **Yes/No**

Please give the date on which the Carer began providing this care .....

Please give the Carer's National Insurance number.....

What is the National Insurance number of the person receiving care?.....

Which of the benefits below is the person receiving care entitled to?

Higher rate attendance allowance (section 65, Social Security Contributions & Benefits Act 1992)

Highest rate of the care component of a disability living allowance  
(section 72(4)(a), Social Security Contributions & Benefits Act 1992)

An increase in the rate of disablement pension  
(section 104, Social Security Contributions & Benefits Act 1992)

An increase in a constant attendance allowance   
(under the proviso to article 14 of the Personal Injuries (Civilians) Scheme 1983, or under article 14(1)(b) of the Naval, Military & Air Forces etc (Disablement & Death) Service Pensions Order 1983.)

### **The person receiving care must sign the following statement:**

I give my permission for the Department for Work and Pensions to confirm my benefit.

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

### **The Department for Work and Pensions must complete the following:**

I confirm that the above person is entitled to the benefit ticked above, and has been since..... (please give the date entitlement started)

Signed: ..... Date ..... Department's stamp .....

### **Declaration – the person(s) named on the Council Tax bill must sign this declaration.**

The information I have given on this form is true and complete.

Signature: ..... Date: .....

Please give your daytime phone number in case we need to contact you, and the Carer's, if different. ....

*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 in order to carry out their legal duties.*

CTALLOW