

COUNCIL TAX CARERS DISCOUNT



COUNCIL TAX (RESOURCES)
Town Hall, Ripley, Derbyshire, DE5 3BT
Tel: 01773 841440
Fax: 01773 841462
SMS: Text COUNCIL and your message to 60060
E-mail: council.tax@ambervalley.gov.uk
Web: www.ambervalley.gov.uk

Ref number: _____ Date issued: _____

Please read the information given overleaf if you are not sure whether or not you may qualify for the discount.

A

1. Name of Applicant: _____
(Person to whom the bill is sent)

2. Address: _____

3. Number of people living in this property (Aged 18 or over):

4. Name of person providing care: _____

5. Name of person receiving care: _____

B

1) Is the person receiving care in receipt of:

- | | |
|---|----------|
| i) a higher rate of attendance allowance: | YES / NO |
| ii) the higher rate of the care component of a disability living allowance: | YES / NO |
| iii) personal independence payment daily living component | YES / NO |
| iv) increased rate of disabled allowance: | YES / NO |
| v) an increase in constant attendance allowance: | YES / NO |

Please provide your letter of entitlement showing the date the allowance started on.

2) What date did the allowance start on? _____

3) Does the person providing the care live in the same property as the one receiving it? YES / NO

4) How many hours each week is the care provided? _____

5) What is the relationship between the carer and the cared for? _____

6) How old is the person receiving the care? _____

DECLARATION

I declare that the information on this form is correct. I understand I must notify you immediately if there are any changes to the property or household which may affect any reduction I am granted.

Signed (applicant): _____ Date: _____

Daytime tel no.: _____ E-mail address: _____
(Not compulsory but useful if we need to contact you)

You must notify the Council Tax Section immediately if you have any changes in circumstances. This form should be returned to the address shown above.

'This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of error, fraud and crime. It may also share and match this information with other bodies responsible for auditing or administering public funds for these purposes.'

NOTES

1. To qualify the person receiving the care must be in receipt of one of the allowances shown in Question B1.
2. The carer must live with the person receiving the care.
3. Care must be provided for on average a minimum of 35 hours each week.
4. You cannot qualify if the cared for person is:
 - i) your husband, wife or partner
 - ii) your child who is under 18