

Completed Application Forms to:

Revenues & Benefits Service

PO Box 410

Stockton on Tees

TS23 2YD

Tel: 01642 397108

Email: council.tax@stockton.gov.uk

COUNCIL TAX DISCOUNT APPLICATION FOR CARE WORKERS.

Name and Address of Taxpayer

Council Tax Account Number:

WHAT ARE DISCOUNTS?

The Council Tax assumes that two adults live in your home. If only one adult lives in a property a discount of 25% will be given.

Certain people are not counted when deciding how many adults live in the property. If two adults live in a property and one is not counted a 25% discount will be given. If all are not counted a discount of 50% will be given.

When someone is not counted this means they are “disregarded” for Council Tax discount purposes.

CARE WORKERS

To qualify for this discount the careworker must fulfil either the criteria in section A or section B.

Please read carefully the details overleaf and indicate clearly the section under which you believe you may qualify.

SECTION A

The requirements for this section are as follows: -

- a) The care worker is providing care or support to another person, on behalf of a local authority or a body established for charitable purposes only.
- b) The care worker must be employed for at least 24 hours per week and earn no more than £44 during any one week and
- c) You must be resident in premises, which are provided by or on behalf of the employer for the better performance of your duties.

SECTION B

The requirements of this section are as follows: -

- a)** The carer is providing care to a person who is in receipt of or entitled to:
 - 1) Attendance Allowance
 - 2) The highest or middle rate of the care component of Disability Living Allowance
 - 3) Personal Independent Payment daily living component at either standard or enhanced rate
 - 4) An increase in Constant Attendance Allowance under the Industrial Injuries or War Pensions scheme
 - 5) Armed Forces Independence Payment
 - 6) Highest rate of Constant Attendance Allowance payable on top of full rate Disablement Benefit paid for an industrial injury
- b)** The applicant must be resident in the same dwelling as the person to whom he/she is providing care;
- c)** The applicant must be providing care for a minimum of 35 hours per week;
- d)** The applicant must not be the spouse of, or living as man and wife with the person receiving care. Nor must the applicant be the parent of the person receiving care if the son/daughter's below the age of 18 years.

To enable me to consider your application please complete EITHER section A or section B overleaf. **DO NOT COMPLETE BOTH SECTIONS.**

| | |
|--|--|
| Number of Residents over 18 years of age | |
| SECTION A | |
| Full name of care worker | |
| Council Tax account no. | |
| Name and address of employer | |
| Enter details of your weekly earnings from this employment | |

| | |
|------------------------------------|---------------|
| SECTION B | |
| Full name of care worker | |
| Council Tax account no. | |
| Full name of person receiving care | Date of Birth |

| | |
|--|--|
| THE PERSON RECEIVING CARE IS IN RECEIPT OF OR ENTITLED TO:- | |
| <ul style="list-style-type: none"> • The highest or middle rate of attendance allowance <input type="checkbox"/> • The highest or middle rate of the care component of disability living allowance <input type="checkbox"/> • An increase in the rate of his/her disablement pension <input type="checkbox"/> • An increase in constant attendance allowance <input type="checkbox"/> • Armed Forces Independence Payment <input type="checkbox"/> • Highest rate of Constant Attendance Allowance payable on top of full rate Disablement Benefit paid for an industrial injury <input type="checkbox"/> <p>Please tick the appropriate box or boxes and submit evidence (such as a letter of entitlement)</p> | |

| | |
|--|--|
| Are you living in the same dwelling as the person you are providing care for | <input type="checkbox"/> Yes / No <input type="checkbox"/> |
|--|--|

| | |
|---|--|
| How many hours per week on average do you provide care? | <input type="checkbox"/> Yes / No <input type="checkbox"/> |
|---|--|

| | |
|---|--|
| Are you the partner of the person receiving care? | <input type="checkbox"/> Yes / No <input type="checkbox"/> |
|---|--|

| | |
|--|--|
| Are you the parent of the person receiving care? | <input type="checkbox"/> Yes / No <input type="checkbox"/> |
|--|--|

DECLARATION

The information provided in this application is true and accurate to the best of my knowledge. I will tell you immediately about any changes in my circumstances, which may affect this discount application.

Signature of Care Worker

Date Telephone no. (optional)

OPTIONAL

How did you learn about Council Tax discount for Care Workers?

Please tick the appropriate box.

Friend/Relative Council Tax Leaflet Member of Council Tax Staff

Local Press/'Stockton News' Magazine

Other (please specify)

DISCLOSURE OF INFORMATION

Thank you for the information given on this form. The information provided will be used to assess your application for discount.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from third parties, or give information to them to check the accuracy of information to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments and Local Authorities.

We will not disclose information about you to anyone outside Stockton Borough Council nor use information about you for other purposes unless the law permits us to.

Stockton Borough Council is the Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about the information we have about you, or the way we use your information, please do not hesitate to contact us.