Issue Date:				Council Tax PO Box 1358 Maidstone Kent ME14 9US	Ž T				
Account Reference: Property Reference:			k		`	unbridg Vells Bo	orougn	>	
			•	Your E-mail a	ddress:				
	Your phone n	umber:							
Address for	m relate:	s to (if different)							
Please read the i		on overleaf befo	ore you fill in	your applice	ation				
Name of person	providing	g care							
I am a carer (as defined overlead) caring for									
Relationship to th	ne above	e (see section B	overleaf)						
Employer of care	er (see se	ction A overlea	f)						
Date carer occu	pied the	property	/	/					
Signe	ed								
If t	he applic	ant and the ca	rer are not t	he same pers	son, the	carer mus	t sign	above.	
Full names of a	ıll person	s over 18 residin	g in the pro	perty					
I enclose eviden (see overleaf for			ying allowai	nce or proof	of earnin	gs for the	carer	•	
Your signature					Date	/		/	

Tunbridge Wells Borough Council takes its obligations under the Data Protection Legislation very seriously, and will not disclose information to any unauthorised person. Information may be shared with other services within the Council or disclosed to other Local and Public Authorities or Government agencies that have a legitimate reason to request the disclosure e.g. the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for the purposes. If you have any further questions or concerns about the council's position as regards data protection and GDPR, then please visit the Data Protection page on the council's website for more information, and for details on how to contact our Data Protection Officer.

Any changes in circumstances should be notified to the council within 21 days.

COUNCIL TAX - CARERS DISREGARD APPLICATION CRITERIA

Section A - Please supply evidence with your application of proof of earnings from you employer

- 1. The care is provided on behalf of:
 - a) a Local Authority
 - b) the Common Council of the City of London
 - c) the Council of the Isles of Scilly
 - d) the Crown
 - e) a Charitable organisation
- 2. The carer must be employed by the person receiving the care and have been introduced by one of the organisations shown at 1(a) to (e) above.
- 3. The carer must be employed for at least 24 hours a week.
- 4. The carer must not receive more than £44.00 remuneration per week.
- 5. The carer must reside in premises provided by one of the organisations at a) to e) above, or by the employer.

Section B - Please supply evidence with your application that the person cared for is receiving the relevant benefit/allowance.

- 1. The care is being provided to a person who is in receipt of:
 - a) an attendance allowance;
 - b) the highest or middle rate of the care component of a disability living allowance;
 - c) an increase in rate of your disablement pension;
 - d) an increase in the rate of a disablement pension or
 - e) an increase in a constant attendance allowance or enhanced rate of the daily living component of Personal Independence Payment under section 73(3) of the Welfare Reform Act 2012.
- 2. The carer must be resident in the same dwelling as the person receiving care.
- 3. The care must be provided for at least 35 hours per week.
- 4. The carer must not be the spouse, or partner of the person receiving care, nor the parent if the person receiving care is below the age of 18.