

Carer's Council Tax Discount Application Form

Council tax reference number:

Please read the supplementary notes before completing this form. You will need to provide supporting evidence and/or information in order for this application to be processed.

This application is for unpaid carers who are providing care within the same property as the person you care for.

1) What is the name of the person to whom you are providing care?

Name	Address

2) What is your relationship to that person? You do not qualify if the person you are caring for is a spouse, civil partner or the parent of a child under 18 years of age.

3) How many adults live in the property?

4) How many hours of care per week do you provide?

5) What benefit type is received by the person to whom you are providing care?

Benefit Type	Date from which benefit was awarded

DECLARATION By signing this form I declare the following: That the information on this form is correct and complete to the best of my knowledge and belief. I understand that it is a criminal offence for which I may be prosecuted make a statement that I know to be incorrect or to provide documentation that is false. I also understand that it is an offence to fail to disclose information to the authority where the law requires it, after this form is complete.

If a discount or exemption no longer applies I will notify the council within 21 days of this occurring.

I understand that this authority is under a duty to protect the public funds it administers and to this end may verify the information I have provided on this form with other internal departments, government agencies, local authorities and private sector organisations for the purpose of billing, collection and recovery of Council Tax and for the prevention and detection of fraud. It may also share this information with these agencies and other bodies responsible for auditing or administrating public funds for these purposes.

Signature:	
Full Name:	
Email Address:	
Date:	

Send every page of this form, with your proof, to us by email or post to:

Council Tax
PO Box 1358
Maidstone
Kent
ME14 9US

Email to: counciltax@midkent.gov.uk

IF THE REQUIRED DOCUMENTARY EVIDENCE IS NOT SUBMITTED WITH YOUR COMPLETED FORM, YOUR REQUEST WILL NOT BE PROCESSED UNTIL THIS IS RECEIVED.

PLEASE NOTE: MAKING AN APPLICATION FOR A DISCOUNT OR EXEMPTION IS NOT GROUNDS FOR NON PAYMENT OF COUNCIL TAX.

PAYMENT MUST CONTINUE TO BE MADE IN ACCORDANCE WITH THE BILL ALREADY ISSUED UNTIL YOU HAVE RECEIVED CONFIRMATION THAT THE REQUEST HAS BEEN GRANTED.

Any information provided will be used for purposes of billing, collection and recovery of Council Tax and for the council to carry out and perform its statutory duties. It may also be shared with internal departments and external partners for this purpose and may be used for the prevention and detection of crime. We will not give information about you to anyone else, unless the law allows us to.

Supplementary Notes & Evidence Required

THE CARER MUST SATISFY THE CONDITIONS SET OUT

You do not qualify for this discount if you are any of the following:

- A parent of the person being cared for who is a child under 18 years of age
- You are the Spouse of the person being cared for
- Live together as husband and wife
- Civil partner of the person being cared for
- Live together as if you are civil partners

Eligibility

All of the following must apply:

- Provide at least 35 hours of care a week
- Live in the same property as the person you care for
- Not be the partner or parent (if the cared-for person is under 18) of the person receiving care

The person you care for

The person you care for must already be in receipt of one of these benefits:

- Attendance Allowance – higher or lower rate
- Personal Independence Payment (PIP) – Standard or enhanced rate of the daily living component
- Disability Living Allowance (DLA) -care component at the middle or highest rate
- Constant Attendance Allowance at or above the normal maximum rate with an Industrial Injuries Disablement Benefit
- Constant Attendance Allowance at the basic (full day) rate with a War Disablement Pension
- Armed Forces Independence Payment – any amount
- Disablement Pension - increased rate

Proof of the relevant allowance must be included with the application.