Issue Date:

Account Reference:

Property Reference:

Council Tax PO Box 1358 Maidstone Kent ME14 9US



Your E-mail address:

Your phone number:

Address form relates to (if different)

how to contact our Data Protection Officer.

Please read the information overleaf before you fill in your application

Carers declaration

Name of person (
l am a carer (as c										
Relationship to the above (see section B overleaf)										
Employer of care	r (see se	ction A overleaf)							
Date carer occupied the property			/	/						
Signe	d									
If the applicant and the carer are not the same person, the carer must sign above.										
Full names of al	·	s over 18 residing		· · ·	of earnir	as for	he ca	rer.		
(see overleaf for						.ge .e				
Your signature					Date		/	/		
Tunbridge Wells B and will not discle within the Counce legitimate reasons information with a have any further then please visit t	ose infor il or disc to requ other bo question	mation to any ur losed to other Lo lest the disclosure dies responsible ns or concerns al	nauthorised ocal and Pu e e.g. the p for auditin pout the co	d person. Info ublic Authorit prevention ar g or administ puncil's posit	ormation ries or Go nd detec rering pu ion as re	may b overnm tion of blic ful gards (be sha nent a fraud nds foi data p	red with o gencies t I. It may o r the purp protection	other se hat hav also sha poses. If n and G	ervices ve a ire this you GDPR,

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 \pounds 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.