

# Council Tax Application for Carers Discount



LOCAL GOVERNMENT FINANCE ACT 1992.

Please complete all sections and return with all relevant documentation to:-

Revenues Unit, Town Hall, Rugby, CV21 2RR.

For enquiries telephone Rugby (01788) 533488.

Text «AccountRef» (then your msg) to 07860033113

Our Ref: «Prop1Ref»

1. Name of person being cared for \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Relationship to person being cared for \_\_\_\_\_
4. Total number of resident adults in the property \_\_\_\_\_  
(People aged over 18)

The person receiving care *must be* receiving one of the following benefits (please tick which one is appropriate and supply a copy of your entitlement letter):

- Attendance allowance (any rate).
- The higher or middle rate of the care component of a disability living allowance.
- Daily living activity component of Personal Independence Payment (any rate)
- An increase in the rate of their disablement pension
- An increase in a constant attendance allowance

The person providing care *must*:

- (a) be resident in the same dwelling as the person to whom they are providing care;
- (b) be providing that care for at least 35 hours a week on average; and
- (c) not be a disqualified relative of that person. (see below)

The person is a disqualified relative, namely a spouse/civil partner (married or unmarried) or the parent of a child under 18 years, when the person been cared for is under 18 years of age.

**I declare that I am providing care to the above named person who is resident in the same dwelling as myself and the information given is true and correct.**

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone No. \_\_\_\_\_

Email address \_\_\_\_\_

**You must notify the Council Tax office if any of the above information changes.**