



Revenues Department
 Redcar & Cleveland Borough Council
 Redcar & Cleveland House
 Kirkleatham Street
 Redcar
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CWK001

Application for Council Tax Disregard

Carer and Careworker

Carers will not be counted for Council Tax if:

a) they live with, and care for, a person with a disability (who is not their spouse/partner; or child under 18 years old) who is receiving certain benefits or allowances. You must be providing care for at least 35 hours a week on average.

b) they provide care/support for a minimum of 24 hours a week for an elderly person or a person with a disability on behalf of a local authority, government department or charity in return for payment of up to £44.00 per week.

Carer's Name and Address:

Surname:		Forename(s):	
Address:			
Telephone:		Council Tax Account Number:	

Name and Address of Person Being Cared For:

Surname:		Forename(s):	
Date of Birth:		National Insurance Number:	
Address:			
Telephone:			

- Are you related to the person being cared for? Yes / No

If Yes, please state relationship
 (If living together as man and wife, but not married, please write 'Partner')

- Are you required to live at this address for the better performance of your duties as a carer? Yes / No

PLEASE COMPLETE THIS SECTION IF YOU ARE EMPLOYED TO PROVIDE CARE FOR THE PERSON NAMED OVERLEAF

- For how many hours are you employed to care for this person each week? _____hrs
- How much are you paid each week for providing care? £ _____
(A certificate from your employer must be provided confirming this amount)
- Please state how you were recruited to care for this person. If you were introduced by, or are employed by, a statutory or charitable organisation, you should include the name and address of the organisation concerned.

PLEASE COMPLETE THIS SECTION IF YOU PROVIDE CARE FOR THE PERSON NAMED OVERLEAF, BUT ARE NOT EMPLOYED TO DO SO

- How many hours do you provide care each week for this person? _____hrs

Please indicate which, if any, of the following benefits, the person named overleaf is in receipt of (please tick all that apply):

- | | |
|--|--------------------------|
| Disability Living Allowance (DLA) Care Component (Middle or High rate) | <input type="checkbox"/> |
| Personal Independence Payment (PIP) Daily Living Component (Standard or Enhanced Rate) | <input type="checkbox"/> |
| Attendance Allowance (Low or High Rate); or Constant Attendance Allowance | <input type="checkbox"/> |
| Armed Forces Independence Payment | <input type="checkbox"/> |

SUPPORTING EVIDENCE MUST BE PROVIDED

Please note that we may need to approach the Department for Work and Pensions to confirm your/the claimant's entitlement to benefit.

DECLARATION

I declare that the information stated on this form is true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____

DATA PROTECTION ACT 1984

The information on this form may be recorded electronically and used for any local taxation purpose and is subject to the provisions of the Data Protection Act 1984.

I declare that the information given on this form is correct and complete to the best of my knowledge and I claim any discount due to me. I understand that I am obliged to inform the Council of any change to the details given on this form. I also understand that if I deliberately give false information I may be liable to prosecution.

The personal information provided by me on this form will be recorded, processed and used to register me for Council Tax purposes. The Council may also disclose some or all of this information including any personal data in the interests of economy and efficiency of Council business to other departments of the Council and to external organisations but only if the law permits us to do so.

If you do not agree to the Council using data about you in this way, please tick the box
