

# APPLICATION FOR COUNCIL TAX DISCOUNT - CARER

Name of Carer

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Address

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Name of Person Receiving Care

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Relationship to Carer

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- 1) Are you providing care for an average of at least 35 hours per week? **Yes/No\***
- 2) Are you resident in the same dwelling as the person you are caring for? **Yes/No\***
- 3) The person to whom you are providing care must be in receipt of one of the following benefits. Please tick the appropriate box and supply a photocopy of the benefit book or letter of entitlement.

Attendance Allowance under Section 65 of the Social Security Contributions and Benefits Act 1992.

The middle or highest rate of the care component of the Disability Living Allowance under Section 72 of the above Act.

An increase in the rate of his/her Disablement Pension under Section 104 of the above Act.

An increase in a constant Attendance Allowance under The Personal Injuries (Civilians) Scheme 1983 or under the Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1983.

I declare that the information on this form is correct to the best of my knowledge and I enclose evident of entitlement to the relevant benefits.

Signature of Liable Person

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Full name of Liable Person

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Daytime Telephone No.

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\* Please delete as applicable