

Council Tax Discount - Carer

Council Tax charge is based on two adults living in a property. If there are less than two adults in the property you may be eligible for a Council Tax discount. An adult resident who is a carer and meets one of the qualifying conditions below can be excluded when counting the number of adults in the property:

- If you provide care or support on behalf of a Local Authority or charity for at least 24 hours per week, for which you are paid no more than £30 per week, and you live in premises provided by the Local Authority or charity for the better performance of their work.
- If you provide care or support to your employer, who has been referred by a charity, for at least 24 hours per week, for which you are paid no more than £36 per week, and you live in premises provided by your employer for the better performance of their work.
- If you provide care or support, for an average of at least 35 hours per week, to someone in receipt of at least one of the state benefits listed below **and** you live in the same house, excluding their spouse/ partner or a child under the age of 18.
 - Higher rate of Attendance Allowance or care component of Disability Living Allowance.
 - An increase in constant Attendance Allowance under the industrial injuries or war pensions scheme.
 - The highest rate of constant attendance allowance payable on top of full rate disablement benefit paid in respect of an industrial Injury.

What evidence do I need to provide?

- A copy of your Benefit award letter from Department of Work and Pensions
- Enclose a compliment slip or a sheet of company headed paper from your employer.

Complete this form in full, sign the declaration and return with the required evidence to the address at the top of this form.

Section 1 - to be completed by liable person

A liable person is the person responsible for the bill.

Full name

Email address

Telephone number

Property address

Section 1b

Only complete Section 1b if you are employed to provide care.

Full name of person cared for

This is the full name of the person receiving the care.

Relationship to carer

Child's date of birth

If the person cared for is your child provide their date of birth.

Average number of hours of care provided

The total number of hours of care provided per week.

State benefit received

This is the name of the state benefit the person cared for receives.

Section 2 - To be completed by carer's employer

The person named in Section 1 has been a carer since

The date since they have been a carer.

Average number of hours of care provided

The total number of hours of care provided per week.

Gross weekly wage £s

How much is the carer paid weekly?

Signature of Employer

Declaration

I declare the information on this form is true and complete and I authorise East Renfrewshire Council to verify the details. If there's a change in my circumstances, I will notify East Renfrewshire Council within 21 days. I accept failure to provide this information is an offence, which may result in a fine of £50 and £200 for each offence thereafter. I understand this information may be shared with other councils or organisations that handle public funds for the purposes of preventing and detecting fraud.

Signature of liable person