

Somerset Council

Bridgwater House, King Square
Bridgwater, TA6 3AR



Persons Disregarded for Council Tax

Website: www.somerset.gov.uk/counciltax

Carer's Form

Email: council.tax2@somerset.gov.uk

Telephone: 0300 123 2224

Dear Sir/Madam

If you are a Carer, or being cared for by someone who lives in the same home as you, you could qualify for a Council Tax discount, provided you are not a disqualified relative. A disqualified relative is a person who is the spouse of the other or they live together as husband and wife; or a civil partner of the other or if they live together as if they were civil partners; or the parent of the other, who is under 18.

However, where there are still two or more adults living in a property after disregarding any who are covered by the discount/disregard provision the full tax is payable and no application should be completed.

If you consider that someone in your household satisfies the above, please complete and return the application.

Yours faithfully,

Council Tax Team

Section 1 – Property	
Address	
Total number of adult residents in the property (ages 18 or over)	
Section 2 – Applicant (The person liable to pay the Council Tax)	
Title	
Forename	
Surname	
Telephone Number	
Email Address	
Section 3 – The person receiving care	
Title	
Forename	
Surname	
Date of Birth	
From what date has care been provided?	
Does that person have a home somewhere else?	Yes/No
If yes, at what address?	
What is the relationship of the carer to the person being cared for? (i.e. Husband/Wife/Civil Partner/living together as if partners or Civil Partners)	

The Carer

Please read the following carefully.

If the Carer is providing care or support to another person or other persons and is **employed by a Public Authority or Charitable Organisation to do so**, please ask your Employer to complete Part A.

If the Carer is providing care or support to another person or persons, **but is not employed to do so**, please complete Part B.

Part A i – Person employed to provide care or support

Name of Employer	
Address of Employer	
Name of Carer	
Number of hours care or support per week the Carer is contracted to provide?	
What is the Carer's weekly payment for providing such care or support?	£
Is the Carer required to reside in premises provided by or on behalf of the employer for the better performance of his/her duties?	Yes/No

Part A ii – Voluntary Careworker

a) Is the person either engaged to provide care and support to a person on behalf of a relevant body or Local Authority, the Crown or a Charitable body. Or Employed by the person to whom they are providing care and they were introduced by one of the above.	Yes/No Yes/No
b) Employed to provide care for at least 24 hours a week, and are paid no more than £44.00 per week	Yes/No
c) Resident in premises provided either by the relevant body or by the person whom they are providing care.	Yes/No

Part B – Person providing care or support but not employed to do so

Name of Carer	
Does the Carer reside with the person for whom he/she is providing care or support?	Yes/No
Does the Carer provide care for at least 35 hours a week on average?	Yes/No

		Tick
<p>Please enclose proof, such as a copy of the award letter from DWP showing the start date of the award</p>	The lower or higher rate Attendance Allowance under Section 65 of the Social Security Contributions & Benefits Act 1992	<input type="checkbox"/>
	The highest rate or the middle rate of the care component of a Disability Living Allowance under S72 of the Social Security Contributions and Benefits Act 1992	<input type="checkbox"/>
	The standard or enhanced rate of the Daily Living Component of the Personal Independence Payment as defined by the Personal Independence Payment (Supplementary Provisions and Consequential Amendments) Regulations 2013	<input type="checkbox"/>
	An increase in the rate of his Disablement Pension under Section 104 of that Act	<input type="checkbox"/>
	An increase in a constant Attendance Allowance under the proviso to Article 14 of the Personal Injuries (civilians) Scheme 1983 or under Article 14 (I)(b) of the Naval Military & Air Forces etc. (Disablement & Death) Service Pensions Order 1983 (including that provision as applied, whether with or without modification by any other instrument)	<input type="checkbox"/>
	An Armed Forces Independence Payment	<input type="checkbox"/>

I declare that the information contained herein is true and accurate to the best of my knowledge and belief and that should the person mentioned ceases to be a Carer that I must notify the Council of that within 21 days of the change

Please sign, date and return to this office

I declare that the information I have given on the form is complete and accurate to the best of my knowledge.

Signature Date/...../.....

WARNING – it is a criminal offence for a Council Tax payer to give false information when making an application for discounts/exemptions.

We aim to always comply with the General Data Protection Regulation; if you would like to know how we process your personal information, please refer to the Privacy Notice at <https://www.somerset.gov.uk/privacy>. Personal Data may be shared with other government organisations, other Local Authorities and other services within the Council

- to ensure the claim details are correct and you receive the correct discount/exemption/relief.
- to check the information you have given
- to prevent or detect crime
- to protect public funds

Please ensure you have enclosed a copy of the benefit award letter