

TO:



Bolsover District Council, The Arc,
High Street, Clowne, Derbyshire S43 4JY

Council Tax Helpline: **01246 242440**
Recovery Helpline: **01246 242560**
Benefits Helpline: **01246 242436**
Email: **revenues@bolsover.gov.uk**

PROPERTY REFERENCE NUMBER:

DATE OF ISSUE:

COUNCIL TAX DISCOUNT DISREGARDED PERSONS - CARERS

A person will be disregarded for the purpose of a discount if he or she is a carer. A person qualifies as a carer if : he/she is engaged in providing care or support to another person or persons and he/she fulfils the prescribed conditions as set out in Parts I and II of the Local Government Finance Act 1992. To assist the Council in determining whether you are eligible for the discount please complete section 1 or section 2 and sign the declaration in section 3.

SECTION 1

Please complete if you are employed as a carer

The prescribed conditions in Part I of the Act are that a person is :

- (a) either i) providing the care or support on behalf of a relevant body (a local authority, charity);
or ii) employed to provide care by the person to whom it is provided:
- (b) employed to provide care for at least 24 hrs a week
- (c) in receipt of not more than £44 per week: and
- (d) resident in premises provided by or on behalf of the relevant body to carry out his/her work

Enter below the name(s) of the person(s) in the household who qualify for this disregard.

Total number of adults resident in the property (include anyone aged 18 years or over)

Name and address of person providing care	Name and address of person receiving care	Name and address of local authority / charity
Number of hours worked (weekly)	Amount of earnings (gross weekly) £	

NOTE: Each claim must be accompanied by a formal document from the relevant body concerned giving details of the number of hours worked, the remuneration paid, the date provision of care started and the address at which care is provided.

SECTION 2

Please complete if you care for someone in your own home

The requirements in this part are that a person is :

- (a) resident in the same dwelling as the person to whom he/she is providing care;
- (b) providing that care at least 35 hours a week on average;
- (c) not a disqualified relative of that person; (see below)
- (d) providing care to a person who is in receipt of a relevant benefit.

N.B. A person is a disqualified relative if :

- (i) he/she is the spouse, or they live together as husband and wife; or
- (ii) he/she is the parent of the other, who is a child under 18 years of age.

Total number of adults resident in the property (including anyone aged 18 years or over)

Enter below the name(s) of the person(s) in the household who qualify for this disregard

Name or person providing care	Name and address of person receiving care	Relationship with person receiving care
	Date of birth : <input type="text"/>	

Qualifying benefit (please tick) :

Lower or Higher rate Attendance Allowance An increase in the rate of disablement pension

An increase in a constant attendance allowance

The standard or enhanced rate of the daily living component of personal independence payment

Note:

Please provide a letter of entitlement or your benefit book and the date from which the benefit is or was granted

Date benefit awarded:	<input type="text"/>
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SECTION 3 - DECLARATION

I declare the information above is correct to the best of my knowledge

Signature of applicant:	Date:
Telephone number:	



All personal information provided to Bolsover District Council will be held and treated in confidence in accordance with the Data Protection Act 1998. Certain information may be shared with other council departments, third party organisations and for the prevention of fraud.