

Email: revenues@gedling.gov.uk
Web: www.gedling.gov.uk
Direct Line: 0115 901 3950
Contact Centre: 0115 901 3901
Our ref:
Your ref:
Date:

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Council Tax Disregard - Carer

Dear

The Council Tax charge is based on the number of people living in a dwelling. If you are disregarded it means that you are not counted when looking at the number of residents.

If there is just one person living in a dwelling, or if all resident but one are disregarded, a 25% discount may be granted. If all residents are disregarded, a 50% discount may be granted.

The following criteria must apply in order for a person to be disregarded as a carer.

He or she is:

- a) Providing care and / or support to a person who is in receipt of (or entitled to)
 - (i) Attendance Allowance.
 - (ii) The highest or middle rate of the care component of a Disability Living Allowance.
 - (iii) An increase in a constant Attendance Allowance.
 - (iv) The highest rate of constant Attendance Allowance payable on top of full-rate disablement benefit paid in respect of industrial injury.
 - (v) Standard or enhanced rate of daily living component of Personal Independence Payments **AND**
- b) Resident in the same dwelling as the receiving care;
- c) Providing care for at least an average of 35 hours per week;
- d) Not the spouse or partner of the person receiving care or the parent if the person receiving care is a child below the age of 18 years.

Please complete the application form overleaf and return it to the above address, if you require any further information, please contact Revenues & Welfare Support on the above direct line telephone number.

Yours sincerely



Duncan Adamson
Service Manager – Revenues & Welfare Support

Details of person providing care (to be completed by the applicant)

Applicants Name:			
Address:			
Name Of Person Requiring Care:			
Relationship To Person Requiring Care: (e.g.: Partner, spouse, son, daughter etc...)			
Age Of Person Requiring Care:		Number of Hours of care provided each week:	
Date Care Commenced:			
Brief Description Of Care Required:			
Number Of Adults Resident In Property:	(Adults are persons over the age of 18 years.)		

Please attach proof of the relevant benefit received:

- (i) A higher rate Attendance Allowance.
- (ii) The highest rate or middle rate of the care component of a Disability Living Allowance.
- (iii) An increase in a constant Attendance Allowance.
- (iv) The highest rate of constant Attendance Allowance payable on top of full-rate disablement benefit paid in respect of industrial injury.
- (v) Standard or enhanced rate of daily living component of Personal Independence Payments

DECLARATION (to be completed by the applicant)

I declare that the details stated in this application are true and accurate to the best of my knowledge and should my circumstances alter I will notify Gedling Borough Council immediately.

Signature: _____ **Date:** _____
Print Name: _____
Mobile No: _____ **Landline:** _____
Email: _____