

## **Council Tax: Discount Disregard for Carers**

Entitlement to a discount depends on the number of adults in the household. In counting the number of adults, certain people are disregarded providing certain conditions are met. If there is only one person in the household a discount of 25% will be granted. If all adults are disregarded a discount of 50% will be granted.

A carer is disregarded if he or she is a person who is caring for another person and **all** of the following conditions apply:

1. the carer is resident in the same dwelling as the person to whom care is being provided;
2. the carer must be providing care for at least 35 hours a week on average;
3. the carer is not the spouse or partner of the person who is being cared for  
**or**  
if the person receiving the care is below the age of 18 years, the carer is not that person's parent;
4. the person receiving the care must be entitled to one of the following benefits:
  - a) Attendance Allowance at any rate;
  - b) the care component of a Disability Living Allowance at the middle or highest rate;
  - c) an increase in the rate of disablement pension, under Section 104 of the Social Security Contributions and Benefits Act 1992, by an amount which is the highest amount determined in accordance with regulation 19 of the Social Security (General Benefit) Regulations 1982, because the person is in need of constant attendance;
  - d) an increase in a constant attendance allowance under the proviso to article 14 of the Personal Injuries (Civilians) Scheme 1983, or under article 14(1)(b) of the Naval, Military and Air Forces etc. (Disablement and Death) Services Pension Order 1983.

If you consider that you may be entitled to this discount and all the conditions mentioned above are fulfilled, please complete the enclosed application form.

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**Council Tax: Discount Disregard Application for Carers**

This form must be completed by the person who is liable to pay the Council Tax.

1: Account Reference: .....

Name: .....

Address of property: .....

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Telephone number: .....

Email Address: .....

2: How many adults live in the property? .....

3: Full name of the person receiving care: .....

4: Date of birth of the person receiving care: .....

5: Full name of the person providing care: .....

6: Do both the person receiving and the person providing care normally live in your property?  
**YES / NO**

7: In an average week is care provided for at least 35 hours? **YES / NO**

8: Is the person providing the care either:  
(a) the spouse or partner of the person receiving care **YES / NO**

(b) the parent of the person receiving care **YES / NO**

9: Please indicate which of the listed benefits the person who is being cared for is entitled to (or has an underlying entitlement to) by ticking the box against the relevant benefit:

Attendance Allowance at any rate .....

middle or highest rate of the care component of Disability Living Allowance .....

increased rate of disability pension .....

increased constant attendance allowance.....

Evidence of the benefits entitlement should be returned with this application. Please provide the full benefit award letter from the Department for Work and Pensions confirming the benefit entitlement and the date the entitlement commenced.

**DECLARATION**

I declare that the information given on this form is true and accurate to the best of my knowledge and belief.

Signature: ..... Date: .....

Please return this completed form and proof of benefit to:

Revenues Services  
Test Valley Borough Council  
Beech Hurst  
Weyhill Road  
Andover  
Hampshire  
SP10 3AJ

If you need assistance with completing this form please contact this office on 01264 368000 or write to the address above.