



Name \_\_\_\_\_

Subject Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Council Tax Reference Number \_\_\_\_\_

### **COUNCIL TAX DISCOUNT APPLICATION - CAREWORKER**

Dear Sir/Madam

The Council Tax due on a property may be discounted to reflect the personal circumstances of the adult residents. Such a reduction will apply where less than two adults are resident in the property. For the purpose of the reduction adults who meet the undernoted qualifying conditions shall be disregarded when counting the number of adults in the house.

If you want to apply for discount please complete the form overleaf, attach any confirmation of income etc., sign the declaration and return the form to the address shown below.

### **QUALIFYING CONDITIONS: CAREWORKER**

1. A person who provides care or support on behalf of a local authority or charity for at least 24 hours per week, for which they are paid no more than £36 per week, and resides in premises provided by the local authority or charity for the better performance of their work.
2. A person who provides care or support to their employer, to whom they were referred by a charity, for at least 24 hours per week, for which they are paid no more than £36 per week, and resides in premises provided by their employer for the better performance of their work.
3. A person who provides care or support, for an average of at least 35 hours per week, to someone in receipt of one or more of the following state benefits:-
  - higher rate of attendance allowance
  - highest rate of the care component of a disability living allowance
  - an increased rate in Disablement Pension
  - an increase in a Constant Attendance Allowance under the Personal Injuries (Civilians) Scheme or the Naval, Military and Air Forces etc. (Disablement & Death) Service Pension Order.

and resident in the same house, excluding their spouse/partner or a child of theirs aged under 18.

Yours faithfully

**JUDY ORR**  
**Head of Customer & Support Services**

**Data Protection Fair Processing Notice:** Argyll and Bute Council, or their agents, will hold information supplied in accordance with the provisions of the Data Protection Act 1998, we will use the information you have supplied primarily for the collection and administration of tax. The

Please address correspondence to: Executive Director of Customer Services, Witchburn Road, Campbeltown, Argyll, PA28 6JU

information may also be used for other legitimate purposes e.g. housing and council tax benefit administration or private landlord registration. This information may also be shared with other Councils, governmental and quasi-governmental bodies. By completing and submitting this form you consent to the use of your personal data including, where appropriate, sensitive personal data. You have a right to apply for a copy of the information we hold about you, and to have any inaccuracies corrected. The set fee (where applicable) will be charged. Should you wish to exercise this right, your request must be made in writing to the Data Protection Officer, Argyll & Bute Council, Kilmory, Lochgilhead, PA31 8RT.

**DISCOUNT: CAREWORKER – Council Tax Reference Number** \_\_\_\_\_

**SECTION 1: TO BE COMPLETED BY A LIABLE PERSON**

(A) I apply for discount on the basis that (name) \_\_\_\_\_

meets the qualifying conditions noted overleaf in paragraph number \_\_\_\_\_

The number of adults (including the above named) usually resident in the house is

If applying under paragraphs 1 or 2 please have Section 2 below completed and ignore the rest of this section. If applying under paragraph 3 then complete the rest of Section 1 and ignore Section 2.

(B) Name of person cared for: \_\_\_\_\_

Relationship of above to careworker: \_\_\_\_\_

If person cared for is a child of the careworker please provide the child's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Average number of hours of care provided per week: \_\_\_\_\_

The state benefit received by the person cared for is: \_\_\_\_\_

and I enclose evidence of this e.g. photocopy of front cover and first page of benefit order book, or letter of entitlement.

I also enclose a letter from a General Practitioner to confirm the person requires care for a minimum of 35 hours per week.

**SECTION 2: TO BE COMPLETED BY CAREWORKER'S EMPLOYER**

The person named in sect. 1(A) has been a careworker since \_\_\_\_/\_\_\_\_/\_\_\_\_

Average number of hours of care provided per week: \_\_\_\_\_

Gross weekly wage: £ \_\_\_\_\_.\_\_\_\_

I confirm their residence is provided for the better performance of their work.

**Employer's Stamp**

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

DECLARATION

I declare that the information on this form is true and complete and I authorise Argyll & Bute Council to verify the details.

I will notify within 21 days any change in circumstances which may affect my liability e.g. discount status no longer applies to the person named in Section 1, or the number of adults in the house increases.

I understand that failure to provide this information is an offence which may make me liable to an initial fine of £50 and £200 for each subsequent offence.

Signature of  
Liable Person: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_