

Council Tax

Application for Person to be Disregarded for Discount Purposes Care Workers



Applicant's Name (must be person liable for Council Tax)

Address

How many people (including yourself) aged 18 or over live at this address

If Part A overleaf applies please complete below

Full Name of Carer

Address

Has your employer provided you with this accommodation for the better performance of your duties? YES NO

If your employer is the person receiving care please provide the name and address of the body which introduced you

Number of hours worked per week under your contract of employment

How much are you paid per week for this work? £

(Please provide proof of income from your employer with this application i.e. your last 4 weeks wage slips or if you are paid monthly, your last 2 months pay slips).

If Part B overleaf applies please complete below

Full Name of Carer

Address

Full Name of person who is receiving care

Address of person who is receiving care

Please state benefit to which the person cared for is entitled (see notes)

(please provide proof of benefit)

Total hours spent caring Relationship to person receiving care

Date of birth of person receiving care

Declaration - I declare that the information given on this application is correct and agree that the Council may make any necessary enquiries to check the information. I agree to inform the Council immediately of any changes which may affect my entitlement to a reduction in Council Tax.

WARNING - GIVING FALSE INFORMATION MAY RESULT IN PROSECUTION

Signed Date

Please return this form to: **Council Tax, PO Box 886, Newport, NP20 9LU**

If you require assistance please telephone: **(01633) 656656**

OFFICE USE ONLY

Ref Date Granted/Refused

Signed Note

DATA PROTECTION

The information which you provide may be used and disclosed for purposes under the control of the Council as described in the Register entry compiled by the Data Protection Registrar