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 you	rself) 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 re	ceiving care please provide the name and address of the body which introduced you
Number of hours worked per we	eek under your contract of employment
	k for this work? L ur 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 rece	iving care
Address of person who is receivi	ng care
Please state benefit to which the (please provide proof of benefit)	person cared for is entitled (see notes)
Total hours spent caring	Relationship to person receiving care
Date of birth of person receiving	g care
	information given on this application is correct and agree that the Council may make any necessary enquiries to inform the Council immediately of any changes which may affect my entitlement to a reduction in Council Tax.
WARNING - GIVING FALSE IN	FORMATION MAY RESULT IN PROSECUTION
Signed	Date
Please return this form to: Coun	ncil Tax, PO Box 886, Newport, NP20 9LU
If you require assistance please telephone: (01633) 656656	
OFFICE USE ONLY	
Ref	Date Granted/Refused
Signed	Note