



Penallta House
Tredomen Park
Ystrad Mynach
Hengoed CF82 7PG
Tel 01443 863002
Fax 01443 864087
E-mail: counciltax@caerphilly.gov.uk
Head of Corporate Finance
Nicole Scammell BA(Hons) ACMA

Tŷ Penallta
Parc Tredomen
Ystrad Mynach
Hengoed CF82 7PG
Ffôn 01443 863002
Ffacs 01443 864087
E-bost trethycyngor@caerffili.gov.uk
Pennaeth Cyllid Corfforaethol
Nicole Scammell BA(Hons) ACMA

Contact/Cysylltwch â	Council Tax Billing
Direct line/Llinell Uniongyrchol	01443 863002
Direct Fax/Ffacs Uniongyrchol	01443 864087

Your Ref/Eich Cyf

Our Ref/Ein Cyf

Pending

Date/Dyddiad

Dear Sir/Madam,

COUNCIL TAX- APPLICATION FOR A PERSON TO BE DISREGARDED FOR DISCOUNT PURPOSES - CAREWORKER

In response to your request, please find overleaf an application form for a person to be disregarded from your household. **THIS DISCOUNT DOES NOT APPLY WHERE THE CARER IS EITHER THE SPOUSE OR PARTNER OF THE PERSON BEING CARED FOR NOR TO A PARENT CARING FOR A CHILD UNDER 18 YEARS OF AGE.** The form must be completed by or on behalf of the person who is liable to pay Council Tax. The carer can only be disregarded where his/her sole or main residence is the same as the person liable for Council Tax and he/she is providing care and/or support for another person(s) **AND:**

Either: PART 1. He/she shall be disregarded for the purposes of a discount if **ALL** the following conditions are fulfilled: -

1. He/she is employed by a charity, or relevant body; or is employed by the person(s) receiving care, and was introduced by a relevant body.
2. He/she is employed to provide care for at least 24 hours in every week.
3. His/her remuneration does not exceed £44.00 per week.
4. He/she resides in the premises which are provided by the employer for better performance of his/her duties under the employment.

VOLUNTARY ORGANISATIONS HAVE BEEN ASKED TO SUPPLY CARERS WITH CERTIFICATES CONFIRMING THAT ALL CONDITIONS HAVE BEEN MET. PLEASE SUPPLY THIS CERTIFICATE.

OR: PART 2.

1. He/she is providing care to a person who is in receipt of:
 - a. attendance allowance at any rate: **OR**
 - b. the highest or middle rate of the care component of disability living allowance: **OR**
 - c. an increase in disablement pension: **OR**
 - d. an increase in constant attendance allowance: **OR**
 - e. the standard or enhanced rate of the daily living component of a personal independence payment; **AND**
2. He/she is resident in the same dwelling as the person for whom care is provided.
3. He/she provides the care for at least 35 hours per week on average.
4. He/she is not a disqualified relative of the person being cared for. (*i.e. a partner, spouse or parent caring for a child under 18 years of age*)

REMINDER- A reduction can only be awarded where ONE person remains liable after the other residents have been disregarded, e.g. in a three adult household, two have to qualify to be disregarded before a 25% discount can be awarded.

Yours Faithfully,

W J Carpenter
Council Tax & NNDR Manager

Data Protection Act 1998

The information provided on this form will be treated in accordance with the Data Protection Act 1998. It will be used for the following purposes:

- to establish liability to the Council Tax and eligibility for other forms of statutory relief & allowances in relation to Council Tax.
- by authorised employees AND external bodies such as the Valuation Office Agency and Department for Work and Pensions, for the purpose of management, administration and collection of the Council Tax.
- data provided may be used by the Electoral Registration Officer for Electoral purposes.

We must protect the public funds we handle and so we may use information provided to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations that handle public funds.

You are entitled to a copy of the information the Council holds about you for a fee of £10.00. If you wish to make a request to see your data or if you wish to object to the way in which it is being used, please contact: The Information Unit, Caerphilly County Borough Council, House, Tredomen Park, Ystrad Mynach, Hengoed CF82 7PG. Tel. No. 01443 815588 or e-mail foi@caerphilly.gov.uk.

APPLICATION FOR PERSON TO BE DISREGARDED FOR DISCOUNT PURPOSES- CARE WORKER

Please complete the form in BLOCK CAPITALS then return to the address shown overleaf.

PART A

Applicants name:(this must be person liable for Council Tax).....

Address:

..... **Post Code:**

Number of residents aged OVER 18 years old living in the dwelling:

Names & dates of birth of any resident currently between the ages of 16 years and 18 years:

NAME DATE OF BIRTH

...../...../.....

...../...../.....

PART B (to be completed if PART 1 overleaf applies)

Full Name of Carer:

Address:

..... **Post Code:**

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

Name & Address of your employer:

.....

..... **Post Code:**

If your employer is the person receiving care please provide the name & address of the body that introduced you.

.....

..... **Post Code:**

Number of hours worked per week under your contract of employment? **How much are you paid per week?** £

(Please provide proof of income i.e. your last 4 weekly wage slips or if paid monthly, your last 2 months pay slips)

PART C (to be completed if PART 2 overleaf applies)

Full Name of carer:

Address:

..... **Post Code:**

Average number of hours providing care each week? **Relationship to the person receiving care**

Full Name of Person who is receiving care:

Address of Person receiving care:

..... **Post Code:**

Date of Birth of person receiving care:/...../.....

Please state which of the benefits listed on the front of this form that the person being cared for receives:

.....

***** **Please enclose evidence of entitlement to the relevant benefits e.g. copy of current award notice** *****

DECLARATION - I declare that the information given in this form is correct to the best of my knowledge and belief and I understand that I must advise the Council immediately if any of the circumstances change. I authorise the Council to undertake any inspection and/or checks to verify the details of this claim. I consent to the information being processed for the purposes of the assessment and collection of council tax by Caerphilly County Borough Council.

Signed: **Tel No:**

Mr Mrs Miss Ms

*(*You are not obliged to provide your telephone number, but it may assist in dealing with your application more speedily in the event of a query).*

Full Name: **Date:**/...../.....

(Block Capitals)

WARNING – GIVING FALSE INFORMATION MAY RESULT IN PROSECUTION

Correspondence may be in any language or format – Gallwch ohebu mewn unrhyw iaith neu fformat