

Council Tax discount



Income and Awards
PO Box 1761
Solihull
West Midlands B91 9RR

Your name and address (including postcode):

Council Tax Account no:

Please quote this number if you write or phone

Date: / /

 Help line number 0121 704 8100

Email: council.tax@solihull.gov.uk

Application for a Council Tax discount (Care workers and carers)

What are discounts?

The Council Tax is based on two adults (people aged 18 or over) living in your home. If only one adult lives in a property, you can apply for a discount of 25% (one quarter). In some cases, even if there are two or more adults living in a property, we may give a discount of up to 50% (one half). This is because we do not count certain people when we decide how many adults live in the property.

If two adults live in a property and we do not count one, you can apply for a 25% discount. When someone is not counted, this means that they are 'disregarded' for Council Tax discount purposes.

People who are care workers and carers

Care workers

You may be able to claim a discount if you provide care or support on behalf of a local authority, a charity, the Government, or you are employed by the person being cared for. You must live in premises provided for you and work at least 24 hours a week and earn no more than £44 a week before deductions.

Carers

You may be able to claim a discount if you share your home with someone who is entitled to certain allowances or disablement pension and you care for them for more than 35 hours a week.

We cannot award a discount to someone who cares for their husband, wife, partner or civil partner or a son or daughter who is under 18.

Please use this form if you think we should give you a discount because you are, or someone who lives with you is, a care worker or carer.

People who are care workers or carers

A person can be disregarded for Council Tax discount purposes if they are either a care worker or carer. The conditions for being disregarded are as follows.

Care workers

The care worker must provide care or support on behalf of any of the following:

- a local authority
- a charity
- the Government
- be employed by the person being cared for (they must have been introduced to this person by a local authority, a charity or the Government)

The care worker must:

- live in premises provided by, or on behalf of, the local authority, a charity or the Government or by their employer in order to provide better care;
- work for at least 24 hours a week; and
- be paid less than £44 a week before deductions.

Carers

The carer must care for a person who is entitled to one or more of the following:

- higher rate Attendance Allowance
- the highest rate of the care component of Disability Living Allowance
- an increase in the rate of Disablement Pension
- an increase in the Constant Attendance Allowance

The carer must:

- provide care for at least 35 hours per week on average;
- live in the same property as the person they care for; and
- not be the husband, wife, partner or civil partner of the person being cared for, or the parent of the person being cared for if they are under 18.

Care workers should complete sections 1, 2, 4 and 5

Carers should complete sections 1, 3, 4 and 5

Section 1 Care workers

You must fill in this section.

The person who is responsible for paying the Council Tax should fill in this form. If you fill in this form for them please give us your full name.

Name of person filling in the form

Name of the Council Tax Payer

• How many people aged 18 or over live in the property?

• Please give the full name of the care worker or carer.

Mr Mrs Miss Ms First names

Surname

• How long has the person lived in this property?

Please give the exact date if this is after 31 March 1993.

Section 2 Carers

Only fill in this section if the conditions for care workers apply.

• Please give the full names of the people the carer is caring for.

Mr Mrs Miss Ms First names

Surname

Mr Mrs Miss Ms First names

Surname

Please continue on a separate sheet if the carer cares for more than two people.

Section 2 Carers continued

Continue filling in this section if the conditions for care workers apply.

- Is the care worker employed by the person receiving care? Yes No
- If 'Yes', was the care worker introduced to the person needing care by either a local authority, a charity or a Government department? Yes No
- If 'Yes', please give us the name and address of the local authority, the charity or the Government department?
- Is the property the care worker lives in provided by or on behalf of the local authority, the charity, the Government or by their employer so they can provide better care? Yes No
- How many hours a week does the carer work? hours
- How much pay does the carer receive each week before deductions? £

Please send us a copy of their last four payslips.

Section 3 Carers

Only fill in this section if the conditions for carers apply.

- Please give the full names of the people the carer is caring for.

Mr Mrs Miss Ms First names Surname

Mr Mrs Miss Ms First names Surname

Please continue on a separate sheet if the carer cares for more than two people.

- Does the carer care for their husband, wife, partner or civil partner? Yes No
- Does the carer care for their son or daughter who is under 18? Yes No
- How many hours a week does the carer provide care for? hours
- Is the person who is being cared for entitled to any of the following benefits?
 - Higher rate of Attendance Allowance Yes No
 - Highest rate of the care component of a Disability Living Allowance Yes No
 - An increase in the rate of Disablement Pension Yes No
 - An increase in a Constant Attendance Allowance Yes No

Please provide proof of benefit, pension or allowance. We can accept a copy of your letter of entitlement.

Section 4 Changes and reviews

Please read this section.

If your claim for a discount is successful and we reduce your Council Tax, by law you must tell us about:

- any change in circumstances; or
- any change in the circumstances of the care worker or carer.
- any occupant(s) who move in or out of the property.

We will also send you a review form each year which you should fill in and return.

Section 5 Declaration

You must fill in this section.

Please tick which applies

- I am the applicant named on this form
- I am applying for the applicant named on this form

The information I have given on this form is true and complete. I will tell you about any change in the care worker or carer's circumstances within 21 days which may affect this application for discount. If I do not tell you, I understand that I may have to pay a penalty of up to £280.00.

Your signature:

Date: / /

Phone number (Please provide your phone number if you prefer to be contacted by phone)

Email address (Please provide your e-mail address if you prefer to be contacted by e-mail)

Return completed forms to: **Solihull MBC, Income and Awards**
PO Box 1761, Solihull, West Midlands, B91 9RR

Section 6 Data protection

Please read this section.

I declare that the information I have provided in the application and any supporting evidence is true and correct and I agree to notify Solihull Council of any changes to my circumstances that may affect my discount. I understand that if I give false information, or fail to notify changes in my circumstances that may affect my discount I may be committing fraud and that Solihull Council may prosecute me. I also understand that Solihull Council may share the information that I have provided in order to validate my discount, to prevent/detect fraud or identify other benefits/services that I may be entitled to. For more information about how we may use your information, please contact Solihull Connect Customer Contact Service on 0121 704 8100.

Section 7 For office use only

Action taken

Discount granted? Yes No Discount code:

Other:

Actioned by (signature):

Date actioned: / /