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**WOKINGHAM  
BOROUGH COUNCIL**

## **APPLICATION FOR COUNCIL TAX DISCOUNT FOR THOSE PROVIDING CARE**

A Council Tax Discount may be awarded if you or someone in your household is a carer.

Please complete the attached form and return it to the address shown below.

If you have any query about the form, or require any assistance to complete it, please do not hesitate to contact this office on the above number.

**Please note: the carer must not be the partner of the person receiving care, or the parent if the person receiving care is below the age of 18.**

**To be eligible for a discount as a carer, the following conditions under either A or B must apply:**

### **A**

Where the care or support is provided on behalf of one of the following organisations:

- a Local Authority;
- a charitable organisation;
- the Crown;
- the Common Council of the City of London;
- the Council of the Isles of Scilly.

1. The carer must have a contract of employment as a carer and have been introduced by one of the organisations shown above.
2. The carer must have a contract of employment as a carer, which requires them to work at least 24 hours per week.
3. The carer must not receive more than £44 remuneration per week.
4. The carer must reside in premises provided by one of the organisations above or by his employer.

**B**

Where the care is not provided by one of the organisations listed above:

1. The person being cared for must be entitled to one of the following benefits:
  - a) any rate of attendance allowance
  - b) the middle or highest rate of the care component of Disability Living Allowance
  - c) any rate of the daily living activity component of Personal Independence Payment
  - d) an increase in their disablement pension
  - e) an increase in Constant Attendance Allowance

**You must enclose evidence of the above entitlements, such as award notices or a copy of the cover and first two pages of their order book.**

2. The carer must be resident in the same dwelling as the person receiving care.
3. The care must be provided for at least 35 hours per week.

Please note: the carer must not be the partner of the person receiving care, or the parent if the person receiving care is below the age of 18.

If you believe you or someone in your household may be eligible for a status discount as a carer, please complete the appropriate box on the next page.

Please state the exact number of adult occupants resident at this address:  
Please provide full names of all occupants resident:

|  |          |               |           |
|--|----------|---------------|-----------|
| <b>BOX A</b> Complete this box if care is provided on behalf of one of the recognised organisations listed on the previous page    |          |               |           |
| Name of Carer  |          |               |           |
| Address of Carer   |          |               |           |
| Name of Person (s) to whom care is provided  |          |               |           |
| Address of Person (s) to whom care is provided   |          |               |           |
| Council Tax Reference Number   |          |               |           |
| Number of Adults resident at this address  |          |               |           |
| Names of all Adults resident at this address   |          |               |           |
| Name of Employer   |          |               |           |
| Address of Employer  |          |               |           |
| Wages received £   | Per week | Per fortnight | Per month |
| Name of relevant body who introduced the carer   |          |               |           |
| Please say if the carer is provided with accommodation by one of the organisations listed on the previous page or by your employer |          |               |           |
| <b>N.B. PLEASE ENCLOSE A COPY OF THE CARER'S CONTRACT OF EMPLOYMENT</b>  |          |               |           |

**BOX B** Complete this box if you do not have a contract with one of the organisations listed on the previous page.

|  |                         |
|--|-------------------------|
| Name of Carer  |                         |
| Address of Carer   |                         |
| Name of Person (s) to whom care is provided                                      |                         |
| Address of Person (s) to whom care is provided                                   |                         |
| Council Tax Reference Number   |                         |
| Number of Adults resident at this address  |                         |
| Names of all Adults resident at this address                                     |                         |
| Date care provided from<br>(if from birth please provide date of birth)          |                         |
| Type of Benefit received   |                         |
| National Insurance Number (if known)   |                         |
| Age of person receiving care if under 18   |                         |
| Is the carer resident in the same dwelling as the person receiving the care?     | YES                  NO |
| Relationship of carer to the person receiving care (if none please write 'none') |                         |
| For how many hours per week is the care provided?                                |                         |

**DECLARATION**

I declare that the information stated on this form is true and accurate to the best of my knowledge and belief.

I agree to notify the Council Tax Office immediately should the information given on this form change in any way.

Signed ..... Date .....

Print name in full .....

Capacity in which signed .....

Address .....

**Please return this form to: The Revenues Section, Wokingham Borough Council, PO Box 152, Shute End, Wokingham, Berkshire, RG40 1WJ**

# Appointee Form

Please complete this form if you would like a third party (appointee) to deal with your Council Tax on your behalf. This means your appointee will be contacted direct about your Council Tax and will be responsible for reporting any changes in your circumstances that may affect your tax liability.

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| 1) Chargepayer(s) Name:           |                                     |
| 2) Chargepayer(s) Account Number: |                                     |
| 3) Chargepayer(s) Address:        |                                     |
| 4) Appointee Name:                |                                     |
| 5) Appointee Telephone Number:    |                                     |
| 6) Appointee Address:             |                                     |
| 7) Postal Address to be used      | Chargepayer Yes No Appointee Yes No |

## DECLARATION

### Chargepayer

I authorise the above named appointee to act on my behalf. My appointee can deal with all matters relating to my Council Tax.

I understand my appointee is responsible for providing any information needed in respect of their Council Tax Liability. My appointee will also be responsible for reporting any changes in my circumstances.

### Appointee

I agree to act as appointee on behalf of the above named claimant. I agree to provide all the information needed in respect of their Council Tax Liability and notify the authority about any changes in their circumstances. I understand that details of Council Benefit Liability will be sent to me.

|                    |  |       |  |
|--------------------|--|-------|--|
| Signed Chargepayer |  | Date; |  |
| Signed Appointee   |  | Date; |  |

Please return this form to: The Revenues Section, Wokingham Borough Council, P. O. Box 152, Council Offices, Shute End, Wokingham. RG40 1WJ.