

Please quote: Council Tax/Carer Claim Form
Your reference: As shown on your bill
Date:
Please ask for:
Telephone direct: (01424) 451081
E-mail: counciltax@hastings.gov.uk
Web: www.hastings.gov.uk



Revenues and Benefits Service
Aquila House, Breeds Place
Hastings, East Sussex
PO Box 176
TN34 1PY

COUNCIL TAX STATUS DISCOUNT: CARERS

When calculating the level of Council Tax payable, a person may be disregarded if that person is a carer.

In order that I may consider your claim please read and complete the attached form and return to the above address.

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

Yours sincerely,

Revenue Service Manager



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COUNCIL TAX STATUS DISCOUNT: CARER

To be eligible for a status 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) a higher rate attendance allowance
 - b) the highest rate of the care component of a disability living allowance
 - c) a disablement pension in excess of the basic rate, or
 - d) a higher rate constant attendance allowance
1. The carer must be resident in the same dwelling as the person receiving care.
2. The carer must be provided for at least 35 hours per week.

Please note: the carer must not be the spouse, or 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.



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COUNCIL TAX STATUS DISCOUNT: CARER

Please quote your Council Tax Account Reference Number:

BOX A 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	
Name of Employer	
Address of Employer	
Wages received £	Per week/fortnight/month (delete as applicable)
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	
N.B. PLEASE ENCLOSE A COPY OF THE CARER'S CONTRACT OF EMPLOYMENT	

BOX B Complete this box if you <u>do not</u> 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	
Date care provided from	
Type of Benefit received (please provide evidence with your application)	
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 (delete as necessary)
Relationship of carer to the person receiving care (if none please write 'none')	
For how many hours per week is the care provided ?	

Signature:

Date:



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