

Please complete this form and return to: FINANCE & PROCUREMENT TOWN HALL NUNEATON WARWICKSHIRE CV11 5AA Telephone: (024) 7637 6534

Email: billing.section@nuneatonandbedworth.gov.uk

Account number: .....

Date of issue: .....

## APPLICATION FOR PERSONS TO BE DISREGARDED FOR COUNCIL TAX PURPOSES

This form is to be completed and returned by the person responsible for payment of the Council Tax (the liable person).

Please note, to qualify for this discount, the carer must be resident in the same property as the person they are providing care for. A Carer should not be a disqualified relative of the person being cared for. A disqualified relative is a person who is the spouse of the other or they live together as husband and wife, or the parent of the other, who is a child under 18 years old.

## **PART 1:** Please provide the following information:

Name:

Property Address:

## PART 2: Please list below <u>all</u> residents in the property, including yourself:

Title:	Forename(s):	Surname(s):

PART 3: Please confirm the following information:			
Full name of person(s) providing care:			
Full name of the person(s) receiving care:			
Date of birth of the person(s) receiving care:			
What date are you claiming the discount from:			
Is the person receiving care resident in the same dwelling as the carer?	YES/NO		

## **PART 5:** Please provide the following details regarding the care provided:

Is the carer <u>employed</u> to provide care?	YES/NO	
Is the carer a spouse/partner or parent of the person receiving care?	YES/NO	
Is care provided for at least 35 hours per week?	YES/NO	
If the person being cared for is receiving one or more of the following benefits:		
Attendance Allowance at any rate	YES/NO	
The highest or middle rate of the care component of Disability Living Allowance	YES / NO	
The daily living component of Personal Independent Payment (PIP)	YES/NO	
An increase in the rate of disablement pension	YES / NO	
An increase in a constant attendance allowance	YES/NO	

PLEASE NOTE: The allowance / pension book or written confirmation from the D.W.P must be provided when making this application. These documents must confirm the start date of claim.

I declare that the information given above is correct to the best of my knowledge and belief.		
Signed:	Name (BLOCK LETTERS):	
Tel:	Date:	
E-mail:		

IMPORTANT: You must notify Finance and Procurement if the above circumstances change. If you fail to do so, you may be subject to a penalty of £70.