

COUNCIL TAX DISCOUNT

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

Help line number: 0121 704 8100
Email: council.tax@solihull.gov.uk



Your name and address (including postcode):

Council Tax Account no:

Date:

APPLICATION FOR A COUNCIL TAX DISCOUNT (CARE WORKERS AND CARERS)

Please complete this form in CAPITAL LETTERS and black ink

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 the property, you can apply for a discount of 25%. In some cases, even if there are two or more adults living in a property, we may give a discount of up to 50%. 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. If we do not count all the adults, you can apply for a discount of 50%, or an exemption. 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 REDUCTION 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 the 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
- To 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:

- An Attendance Allowance
- The highest or middle rate of the care component of Disability Living Allowance
- Standard or enhanced rate of the daily living component of Personal Independence Payment
- 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 AND CARERS

You must fill in this section.

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

Name of person filling in the form:

Name of Council Tax Payer:

How many people aged 18 or over live in the property:

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 CARE WORKERS

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

Give the full names of the people the care worker 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 care worker cares for more than two people.

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 care worker work:

How much pay does the care worker 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 care workers apply.

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?

Is the person being care for entitled to any of the following benefits?

An Attendance Allowance

YES

NO

Highest or middle rate of the care component of a Disability Living Allowance

YES

NO

Standard or Enhanced rate of the daily living component of Personal Independence Payment

YES

NO

An increase in the rate of Disablement Pension

YES

NO

An increase in 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.

YES

NO

I am applying for the applicant named on this form

YES

NO

The information and any supporting evidence I have given on this form is true and complete. I will tell you about any change in circumstances within 21 days which may affect this application for a discount. If I do not tell you, I understand that I may have to pay a penalty of up to £280.

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 - FAIR PROCESSING NOTICE

We use the information you provide to work out your Council Tax and to assess entitlement to any reductions, discounts or exemptions applied for.

We may pass this information on to other organisations to confirm details, to protect public funds, prevent and detect fraud and crime or as required by law. We may also share it with other Council services and partner organisations to make sure our records are accurate and to help us identify services you may be entitled to or be interested in (such as free school meals, other benefits, grants and entitlements towards disability, support and care services).

Partner organisations include government departments (such as the Department for Work and Pensions, HM Revenue & Customs and the Home Office), other Councils and private sector organisations such as banks, credit reference agencies and organisations that lend money.

For further information please refer to the Council's Privacy Statement on www.solihull.gov.uk or contact systemscontrol@solihull.gov.uk

SECTION 7 FOR OFFICE USE ONLY

Action taken

Discount granted:

YES

NO

Discount code:

Other:

Actioned by (signature):

Date actioned: