Council Tax

Discount Application: Carer

LANCASTER CITY COUNCIL
Promoting City, Coast & Countryside

Revenue Services

Please return the completed form to:
Revenue Services, P O Box 4, Town Hall, Lancaster LA1 1QR

You should complete this application if you reside with and provide care for any person and you consider you should be disregarded for Council Tax.

Address of your main residence:	Property Reference:
	Account Reference:
Total number of adults resident in the property:	

Part A: To be completed if you are employed as a Carer (e.g. by a registered charity)

Name(s) of person(s) that you provide care for:
Your Weekly Income: (Please supply confirmation from your employer) **£**
The average number of hours per week that you provide care:

Part B: To be completed if you are not receiving a wage as a Carer

Name(s) of person(s) that you provide care for:	Your relationship to that person(s):
Age(s) of the person(s) being cared for:	The average number of hours per week that you provide care:

Is the person you care for in receipt of any of the following benefits?
(Please tick the appropriate box(es).)

- ❑ Higher rate attendance allowance
- ❑ The Highest rate care component of a disability living allowance
- ❑ An increase in the rate of their disablement pension
- ❑ The standard or enhanced rate of the daily component of personal independence payments
- ❑ An increase in a constant attendance allowance

Please provide proof of receipt of the relevant benefits (e.g. copy of D.S.S. decision note).

Declaration to be signed by the Applicant.
I accept responsibility for making this return and I declare that the information given is true and accurate to the best of my knowledge and belief.

Name:	Signature:	
Date:	Contact telephone number: (in the event of a query)	e-mail:

If, after completing this form, any of the information you have provided changes, you are required to notify the Authority within 21 days.