

## **Council Tax**

## Discount Application: Carer



## **Revenue Services**

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

Council Tax Carer Disregard Application	
Address of your main residence:	How many adults are resident in the property?
Part A: To be completed if you are employed Name(s) of person(s) being cared for:	d as a Carer (e.g. by a registered Charity)
Your Weekly Income: (Please supply confirmation from your employer)	The average number of hours per week that you provide care
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Part B: To be completed if you are not receiving	a wage as a Carer
Name(s) of person(s) being cared 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



Date:		Contact telephone r (in the event of a query		e-mail:		
	e (Block Letters):		Signed:			
The information I have provided is true to the best of my knowledge and belief. I understand that if I am awarded a discount/relief I must notify the council within 21 days if I am no longer entitled to that discount/relief or a smaller amount should apply and that failure to do so could lead to a fine of £70 being imposed. I also understand that if I give false information I may also be liable to prosecution.						
Declaration to be signed by the Applicant.						
Please note, you can email a copy of the completed form to us at <a href="mailto:lancasterctax@preston.gov.uk">lancasterctax@preston.gov.uk</a>						
Please provide proof of receipt of the relevant benefits such as their DWP award letter.						
	☐ Armed Forces Independence Payment under the Armed Forces and Reserve Forces (Compensation Scheme) Order 2011.					
	☐ The standard or enhanced rate of the daily living component and Personal Independence Payments					
	An increase in a consta amount of the payment	tant Attendance Allowance under regulations (not an annual increase to the nt)				
	An increase in the rate amount of the payment	e of their disablement pension under regulations (not an annual increase to the nt)				
	The Middle or Highest	e Middle or Highest rate of Disability Living Allowance Care Component				
	Any rate of Attendance	Allowance				

Is the person you care for in receipt of any of the following benefits?

(Please tick the appropriate box(es).)

Personal information will be kept safe and secure and will only be kept for as long as is necessary. Further information can be found in the Privacy Notice on the Council's website <a href="http://www.lancaster.gov.uk/council-tax/council-tax-privacy-notice">http://www.lancaster.gov.uk/council-tax/council-tax-privacy-notice</a>

