

## Department of Customer Services Council Tax

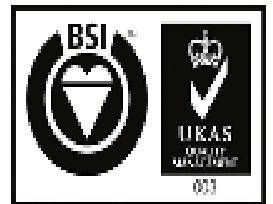
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INVESTOR IN PEOPLE



FS36519

## Council Tax Discount - Carers

You may qualify for a discount on your Council Tax bill because of the number of people who are living at your property - e.g. a property with only one resident will receive a 25% discount.

When counting the number of people who live in a property certain people are ignored. Carers are one of the categories of people who may be ignored.

The enclosed form(s) should be completed and signed by the person who is liable to pay the Council Tax.

You must enclose proof of benefit entitlement for the person receiving care when returning this form. This may be a copy of the award letter from the DWP or a photocopy of the benefit payment book showing the type of benefit and the rate at which it is paid. Failure to provide proof of the benefit entitlement may delay the claim being processed.

People are NOT classed as carers for Council Tax purposes if:-

- a) they are caring for a spouse or civil partner or someone with whom they are living as husband and wife or civil partner
- or
- b) they are caring for their own child who is under the age of 18 years.

If you have any difficulties completing this form or wish to discuss the matter further, please do not hesitate to contact my office. The address and telephone helpline number are shown above.

Yours sincerely

Council Tax Disregard Section



Please give the full name and address of the person who is liable to pay the Council Tax:

## Department of Customer Services

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Please quote the account reference number:

## Council Tax Discount - persons providing care for another person

Please complete Part 1 and Part 2 of this form

### Part 1 - The person providing care

1. Name of the person providing care for the person named overleaf (if there is more than one carer, please complete a separate form for each carer)

2. Estimated average number of hours per week for which this person provides care

3. When did this person start providing this care?

dd/mm/yy

4. Does this person live at the address shown above?

Yes/No

5. When did they move into the address?

dd/mm/yy

6. Is the person providing care the spouse, partner or civil partner of the person requiring care?

Yes/No

7. Is the person providing care the mother or father of the person requiring care?

Yes/No

8. If answer to (7) was YES, please provide the date of birth of the person requiring care

9. Who lives in the household? A discount may be given where there is only one adult living in the property who is counted for Council Tax purposes, or where there are no adults living in the property who are counted for Council Tax purposes. Please list the people aged 18 or over who live at the address shown above. If you know that any of them are not counted for Council Tax purposes please give the reason.

Title	Name	this person (please tick)		
		requires care	provides care	neither

## Part 2 - The person requiring care

1. Name of the person for whom care is provided (if there is more than 1 person requiring care, please use a separate form for each person)

2. Does this person live at the address shown overleaf?

Yes/No

3. When did they move to this address?

dd/mm/yy

4. Please tick the benefit(s) received by the person for whom care is provided.

Higher rate of Attendance Allowance

☐

Highest rate of care component of Disability Living Allowance

☐

Increase in rate of Disablement Pension

☐

Increase in Constant Attendance Allowance

☐

5. From what date was this benefit allowed? **Please enclose the notification of the benefit award or other evidence available**

6. Does the person requiring care receive regular care or assistance from any other source (eg night nurse or attendant, paid or volunteer care assistant, 'granny sitting' scheme). Do not count short regular visits by the doctor or district nurse. If yes, please give further details including the actual hours for which care is provided if possible.

Yes/No

7. Does the person requiring care attend a day centre or similar establishment where they are not in the care of the person named in Part 1 of this form. If yes, please give further details, including the actual hours the centre is attended.

Yes/No

### Declaration

**I declare that the information given in this form is correct to the best of my knowledge. I understand that if I am allowed a discount, I must inform Bradford Council within 21 days of any change in the circumstances of my household which may affect that discount**

Signed

date

Your telephone number (in case we need to contact you about your application)

**Annual Review:** If you are allowed a Council Tax discount, you will need to complete a review form once a year so that we can confirm that you still qualify. If you would like to receive a review form by e-mail rather than by post, then please supply your e-mail address.