

COUNCIL TAX DISCOUNT APPLICATION FOR CARERS

If you provide care or support to another person or other persons at the same property, you may be disregarded for the purposes of calculating the number of adult residents at a property. Please note this cannot apply where the person being cared for is the partner, spouse or child (under 18) of the carer. If you think that a discount may be applicable, complete this form and return to: Revenues Department, PO Box No 5327, Civic, 1 Saxon Gate East, Central Milton Keynes, MK9 3ZA.

If you need help in completing this form, please contact our helpline on 01908 253794.

PLEASE USE CAPITALS

PART I

Property giving rise to the charge

Address.....
..... Postcode
Total number of adult residents in the property (aged 18 or over)

PART II

Applicant (the person liable to pay the Council Tax)

Name.....
Address (if different from above).....
..... Postcode

PART III

The person receiving care

Name
Date of Birth
From what date has care been provided?

PART IV

If the Carer is providing care or support to another person or other persons and is **employed by a Public Authority or a Charitable Organisation to do so**, please ask the employer to complete **SECTION A**
If the Carer is providing care or support to another person or other persons, but is **not employed to do so**, please complete **SECTION B**

SECTION A - Person employed to provide care or support

(i) Name and address of the employer:
.....
.....

Where the employer is a Charity, was the introduction to the person receiving care or support made by that Charity	YES/NO
(ii) Name of Carer.....	
(iii) How many hours care or support per week is the Carer contracted to provide
(iv) What is the Carer's weekly payment for providing such care or support	£
(v) Is the Carer required to reside in premises provided by or on behalf of the employer for the better performance of his/her duties	YES/NO
Signature of Employer..... Date.....	

SECTION B - If the person providing care or support is but not employed to do so	
(i) Name of Carer.....	
(ii) Does the Carer reside with the person for whom he/she is providing care or support	YES/NO
(iii) How many hours care or support per week does the Carer provide
(iv) What is the relationship between the Carer and the person receiving care or support	
(v) Is the person receiving care or support entitled to one of the following, or would he/she be entitled if he/she had not reached pensionable age:	Tick as appropriate
(a) Attendance allowance;	
(b) The highest or middle rate of the care component of a disability living allowance;	
(c) Personal Independence Payment (Daily Living Component)	
(d) An increase in the rate of disablement pension;	
(e) An increase in a constant attendance allowance;	
PLEASE RETURN WITH EVIDENCE OF CURRENT BENEFIT ENTITLEMENTS	

PART IV	
Declaration	
I confirm that the information given is correct and undertake to notify the Council immediately of any change of circumstances which would affect entitlement to discount granted as a result of this application. Failure to do so may result in a penalty of £70 being imposed.	
<u>Council Tax Data Protection Privacy Notice</u>	
To find out more about how we use your personal data please visit https://www.milton-keynes.gov.uk/benefits-council-tax/council-tax-privacy-notice	
Full Name.....	
Signature of Applicant..... Date.....	