



Carer's Council Tax Discount Application Form

Council tax reference number: _____

Please read the supplementary notes before completing this form. You will need to provide supporting evidence and/or information in order for this application to be processed.

People who are providing care within the same property and have not been provided by the Crown, a charity or a local authority

1) What is the name of the person to whom you are providing care?

Name	Address

2) What is your relationship to that person?

You do not qualify if the person you are caring for is a spouse, civil partner or the parent of a child under 18 years of age.

3) How many adults live in the property?

4) How many hours care per week do you provide?

5) What benefit type is received by the person to whom you are providing care?

Benefit Type	Date from which benefit was awarded

DECLARATION

By signing this form I declare the following:

That the information on this form is correct and complete to the best of my knowledge and belief. I understand that it is a criminal offence for which I may be

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prosecuted make a statement that I know to be incorrect or to provide documentation that is false. I also understand that it is an offence to fail to disclose information to the authority where the law requires it, after this form is complete.

If a discount or exemption no longer applies I will notify the council within 21 days of this occurring.

I understand that this authority is under a duty to protect the public funds it administers and to this end may verify the information I have provided on this form with other internal departments, government agencies, local authorities and private sector organisations for the purpose of billing, collection and recovery of Council Tax and for the prevention and detection of fraud. It may also share this information with these agencies and other bodies responsible for auditing or administering public funds for these purposes.

Signature: Date:
Full Name:
Email Address:

It would be helpful if you would give your telephone number in case we need to ask for more information

Telephone Number:

Email Address:

IF THE REQUIRED DOCUMENTARY EVIDENCE IS NOT SUBMITTED WITH YOUR COMPLETED FORM, YOUR REQUEST WILL NOT BE PROCESSED UNTIL THIS IS RECEIVED.

PLEASE NOTE: MAKING AN APPLICATION FOR A DISCOUNT OR EXEMPTION IS NOT GROUNDS FOR NON PAYMENT OF COUNCIL TAX. PAYMENT MUST CONTINUE TO BE MADE IN ACCORDANCE WITH THE BILL ALREADY ISSUED UNTIL YOU HAVE RECEIVED CONFIRMATION THAT THE REQUEST HAS BEEN GRANTED.

To submit this form and any evidence please go to www.harrow.gov.uk/evidenceform

Any information provided will be used for purposes of billing, collection and recovery of Council Tax and for the council to carry out and perform its statutory duties. It may also be shared with internal departments and external partners for this purpose and may be used for the prevention and detection of crime. We will not give information about you to anyone else, unless the law allows us to.

We aim to reply to all queries, including moves and reductions within 50 days, once all required documentation has been received. If we are required to carry out an inspection to

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verify your claim for a discount or an exemption, it will not be possible to meet the above standards.

You can now find out what's happening with your applications, changes or requests for council tax:-

Using your MyHarrow Account you will be able to view:

- The current status of your application
- The documents we have sent you

Once you have logged into your [MyHarrow Account](#) all you need to do is:

1. Select or Add the account details you want to track.
2. Select or Add the account details you want to track.
3. Select 'status updates'

To view our privacy notice for information on what we do with your data visit

<http://www.harrow.gov.uk/privacy>

Address Harrow Council, Council Tax PO Box 731, Harrow, HA3 3RG

Web www.harrow.gov.uk

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Supplementary Notes **&** **Evidence Required**

THE CARE WORKER MUST SATISFY EITHER, THE CONDITIONS SET OUT IN PART 1 OR PART 2

PART ONE

Proof of your connection with the Crown, a Charity or a Local Authority, in providing care to this person, including the date that you started providing care.

or

confirmation that you are employed by the person to whom you are providing care and that he/she was introduced by a relevant body, established for charitable purposes only.

You provide care for this person for at least 24 hours a week.

Under this engagement or employment, be in receipt of no more than £44.00 remuneration per week. Please provide proof of your income.

Be resident in the premises for better performance of the work.

PART TWO

To qualify as a carer, you must be providing care for a person who is entitled to:

- Higher rate of Attendance allowance
- The highest rate of Care component of disability allowance
- The appropriately increased rate of disablement pension
- An increase in the constant attendance allowance and be resident in the same dwelling as the person you care for.
- You provide care of at least 35 hours a week on average.

Proof of the relevant allowance must be included with the application.

You do not qualify for this discount if you are any of the following:

- Spouse of the person being cared for
- Live together as husband and wife
- Civil partner of the person being cared for
- Live together as if you are civil partners
- A parent of the person being cared for who is a child under 18 years of age