COUNCIL TAX DISREGARD APPLICATION FORM – CARER

Account No: Property Ref:

Property Address: Issue Date:

                                               Return by Date:

DETAILS OF PERSON TO BE DISREGARDED

1. Surname: …………………………….	Forename/s: ……………………………………………………...
2. Address: …………………………………………………………………………………….. …………………………………………………………………………………………………….	
3. Name and address of the person receiving care: …………………………………………………… …………………………………………………………………………………………………….	
4. Details of the care or support (or both) being provided: …………………………………………………	
5. Date discount requested from: …………………………………………………………………………	

6. Does the person to be disregarded live with the person receiving care?	YES/NO*

7.   Number of hours a week care is provided: …………………………....
8.   Amount of weekly pay for providing care: £……………………………………….
9.   Relationship between person receiving care and the carer: …………………………………………
10.   Please indicate, by ticking the appropriate box, which benefit/allowance/pension the person receiving care is entitled to:

(a) Attendance Allowance:	☐
(b) higher or middle rate of the care component of a disability living allowance:	☐
(c) Increase in disablement pension where constant attendance is needed:	☐
(d) Increase in constant attendance allowance under war pension provisions: (e) Standard or enhanced rate of daily living component of personal independence payment (f) armed forces independence payment	☐ ☐ ☐

Please enclose either the benefit/allowance/pension book or letters of entitlement from DWP, (This will be returned as soon as possible.)
11.   The date the above benefit/allowance/pension was awarded: …………………………………………

PROPERTY

12. Number of people over 18 who live at this address:	☐
13. Number of people aged 16 or 17 who live at this address:	☐

DECLARATION

I declare that the information given on this form is complete and accurate to the best of my knowledge.

Please note: Information will only be kept in accordance with the General Data Protection Regulation and the Data Protection Act 2018. Mid Sussex District Council will not supply information to any other organisation or individual except to the extent permitted by law in carrying out any of its functions. Please refer to our privacy notice on our website at https://www.midsussex.gov.uk/about-us/privacy-notice for further details.

Signature: ………………………………Date: ………………………..Tel. No: …………………………...

Full Name (BLOCK CAPITALS) …………………………………………………………………………...

*please delete where applicable