

Council Tax Carers Discounts Application Form

Please ensure that you complete this form in full, provide the evidence required and sign the declaration, otherwise your application will not be considered. The person who is responsible for paying the Council Tax should complete this form. Making an application for a discount is not grounds for non-payment of Council Tax. Payment must be made in accordance with the bill already issued until you have received confirmation that the request has been granted.

Carer's Name (Please Print)

Carer's Address

Council Tax Account Number

1. Number of adults living in the property, including carer

2. Name of the person receiving care

3. Does the person receiving care, receive any of the following:

- | | | |
|---|--------------------------|--------------------------|
| i) Attendance Allowance | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) The middle or highest rate of care component of the Disability Living Allowance | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) Any rate of the daily living activity component of Personal Independence Payment | <input type="checkbox"/> | <input type="checkbox"/> |
| iv) An increased rate of Disablement Pension | <input type="checkbox"/> | <input type="checkbox"/> |
| v) An increased rate of Constant Attendance Allowance | <input type="checkbox"/> | <input type="checkbox"/> |

If you have ticked YES to any of the above, please provide a notification letter from the Department for Work and Pensions to support the application.

4. Does the carer provide care for an average of 35 hours per week? Yes No

5. Is the person receiving care a partner of the carer? Yes No

6. Is the person receiving care a child (under the age of 18) of the carer? Yes No

*If you have answered yes to either question 5 or 6, you are **not** entitled to a discount.*

Continued overleaf

Declaration**Please read carefully before you sign.**

I/we understand the information contained on this form is correct and complete and I/we agree to notify the Council Tax section immediately should there be a change in circumstances that may affect the discount.

I/we understand that anyone who provides false information or fails to notify a change of circumstances for the purpose of obtaining / retaining a Council Tax reduction discount is committing an offence and may be liable to prosecution.

The Royal Borough of Greenwich has a duty to protect the public funds it administers and may use the information you have provided on this form within this authority for the prevention and detection of fraud. We may also share this information with other bodies administering public funds which may include other councils and government departments.

I/We have read, understood and agree to comply with the declaration above.

Your signature Date

Daytime telephone number Email address

Please return this application form with the supporting documents that have been requested to:-

Royal Borough of Greenwich
Council Tax
Postroom
The Woolwich Centre
35 Wellington Street
London SE18 6HQ