

Please Ask For: Customer Services
Tel: 01626 215000
Email: revandbens@teignbridge.gov.uk



Council Tax Reference:	<input type="text"/>
Address of property:	<input type="text"/>

Council Tax – Application for Carer Disregard

The Council Tax assumes that two adults live in your home. In some cases, even if there are two or more adults aged 18 or over living in a property, a discount of up to 50% may still be given. This is because certain people are not counted when deciding how many adults live in the property, they are “disregarded” for Council Tax discount purposes.

If a person lives with and cares for an elderly or disabled person they may be disregarded for discount purposes. The qualifying conditions for being disregarded are: -

- 1) He or she is providing care for a person who is entitled to one of the following state benefits;
 - a) Attendance Allowance at any rate – or if prior to the 8 April 2013 only the higher rate applies.
 - b) Higher or middle rate of the care component of disability living allowance, or if prior to 8 April 2013 only the higher rate applies
 - c) The appropriately increased rate of disablement pension
 - d) An increase in a constant attendance allowance
 - e) Any rate of the daily living activity component of Personal Independence Payment; **and**
- 2) Resident in the same dwelling as the person to whom care is being provided; **and**
- 3) Providing care for at least 35 hours a week on average; **and**
- 4) The person being cared for must not be the spouse / Civil Partner of the other or they live together as husband and wife, or the parent of the other who is a child below 18 years of age

If you wish to apply for discount please supply the following information overleaf, together with proof of the qualifying benefit and return to the address below.

Yours sincerely
Council Tax Team

Teignbridge District Council, PO Box 2, Forde House, Newton Abbot, Devon TQ12 4YR
DX121075 Newton Abbot 5

Section A – Occupiers in the property

1) Please list in the box below all the people who live in the property. If you do not have sufficient space then please continue on a separate sheet of paper

Title	First names	Surname	Date of birth – if under 18

Section B – Person receiving care

Name of person/s receiving care _____

Relationship to carer _____

Please state which qualifying benefit the person receiving care is entitled to a / b / c / d / e

Date entitlement to qualifying benefit commenced ___/___/___

Date care commenced ___/___/___

Is the person receiving care severely mentally impaired Yes / No

Section C – Details of care being provided

Name of person(s) giving care

Carer 1
Carer 2

Are you resident in the same property as the person receiving care?

Carer 1	Yes / No
Carer 2	Yes / No

How many hours a week on average do you spend giving care

Carer 1
Carer 2

Please be advised that this Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. I may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see our website www.teignbridge.gov.uk/dataprotection or contact customer services on 01626 215000

Declaration

I understand that if I give false information or fail to tell the Council of any change which affects my discount entitlement I could be liable to a penalty and/or prosecution under the Theft Act 1968. The Council will make enquiries, if deemed necessary, to check the information given and if the discount has been claimed in error it will be cancelled with effect from the appropriate date.

Signed: _____ Date: _____

Phone: _____ Email: _____

The information you have given on this form will be put onto a computer system registered under the 1998 Data Protection Act.