



WEST OXFORDSHIRE
DISTRICT COUNCIL

www.westoxon.gov.uk

Date:

Council tax bill number:

Carer discount disregard application

Please use this form to **apply for a carer discount disregard** and send it to:

Local Taxation Service, PO Box 303, Witney, OX28 1WP

A 25% discount is available to households with only one occupier over 18 years old. There are also certain categories of person who are over 18 years that can be disregarded when calculating the number of occupiers. One such category is carers and care workers who fulfil certain criteria.

To qualify for this disregard, all of the conditions listed under either Part 1 or Part 2 must be met. You should only complete the section that applies to your situation.

All applicants must complete the section below:

Details of applicant	
Full name	
Address and post code	
Contact telephone number	
Email address	
Details of person being cared for	
Full name	
Address and postcode	

Part 1 Care Worker

The applicant must be:

- a) Employed by the person(s) being cared for, or a public authority or body established for charitable purposes.
- b) In receipt of income of not more than £44.00 per week.
- c) Reside in the premises in which he/she is employed and work at least 24 hours per week.

Name and address of employer

Earnings per week
A certificate from your employer must be provided

Part 2 Carer

The applicant is:

- a) Providing care to a person who is in receipt of one of the following:
 - Attendance allowance
 - Disability living allowance care component at the highest or middle rate
 - Personal independence payment living component at either level
 - Disablement pension increment, due to constant attendance need
 - Constant attendance allowance increment

A copy of the relevant benefit award letter must be enclosed.
- b) Resident in the same dwelling as the person to whom he/she is providing care
- c) Providing that care for at least 35 hours per week
- d) Not a disqualified relative:
 - A spouse or cohabiting partner
 - A parent caring for their child who is below the age of 18 years

Type of allowance/pension received	
Average number of hours care provided per week	
Relationship (if any) to applicant	
Date of birth of person being cared for if under 18	

Declaration

I accept responsibility for making this application and declare that the information contained herein is true and accurate to the best of my knowledge and belief.

Your signature..... Date.....

The Council are the Data Controllers for the purposes of the Data Protection Legislation We will only use your personal information in accordance with the Legislation and for the purposes of Revenues & Benefits. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.