



COUNCIL TAX

Guidance Notes: Status Discount for a Carer (Schedule Part 2)

The Local Government Finance Act 1992 Schedule 1 and the Additional Provisions for Discount Disregard Regulations 1992 Schedule, Part 2, as amended, define the conditions that would result in a person being disregarded for the purpose of determining entitlement to discount.

They are that he or she:-

- (a) is providing care to another person who is **entitled** to one of the following **benefits**:
 - (i) an attendance allowance
 - (ii) the highest or middle rate of the care component of a disability living allowance,
 - (iii) an increase in the rate of industrial disablement pension,
 - (iv) an increase in a constant attendance allowance,
 - (v) the standard or enhanced rate of the daily living component of personal independence payment
- (b) is **resident in the same dwelling** as the person to whom care is provided,
- (c) is providing care for **at least 35 hours a week** on average, and
- (d) is not a **disqualified relative** of that person.

A person classed as a **disqualified relative** of another if,

- (a) he or she is the spouse of the other or they live together as husband and wife; or
- (b) he or she is the parent of the other, who is a child below the age of 18 years.

A status discount will only be granted if evidence is produced that the person named in the application is entitled to one of the relevant benefits, ie. an Order book or Current Award Notice.

Note: You must notify Sefton Council immediately, if there are any changes in circumstances that may affect a discount.

WARNING: If you knowingly sign the declaration, and it is found to be false, you could be subject to prosecution.



COUNCIL TAX STATUS DISCOUNT APPLICATION CARERS (Schedule Part 2)

Only complete this form once you have read the Guidance Notes. This form should only be signed by the person who is liable for payment of the Council Tax.

Part 1

I wish to apply for a discount with effect from:

Number of persons aged eighteen and over who are resident in the dwelling:

Number of persons aged eighteen and over who you wish to claim a discount for:

Part 2

Name of Carer: (Block letters) _____

Place where care is provided: _____

Postcode: _____

Telephone Number: _____

Place of residence:
(if different from above)

Postcode: _____

Name of person receiving Care: _____

Date of Birth: _____

Date care started: _____

Please indicate which benefits, shown on the Guidance Notes, the person receiving care is entitled to:

Date Benefit Payable from: _____

N.B. Proof of entitlement to the above applicable benefit, ie. Order book or current Award Notice must be produced with this form

Average number of hours per week that care is provided by the Carer named above: _____

Relationship of the above named Carer to the person receiving the care: _____

DECLARATION: I declare that the details stated above are true and accurate to the best of my knowledge and belief.

Signed: _____

Dated: _____

Name: (Block letters) _____

Account Number: _____

PLEASE RETURN THE COMPLETED FORM TO: Sefton Council, PO Box 21, Bootle, L20 3US