

Any enquiries about this application should be made to the Council Tax Discount Section at the above address or

Email central.services@calderdale.gov.uk
Telephone (01422) 393631



SECTION A	EXPLANATORY NOTES.
<p>Council Tax is made up of a property element of 50% and a personal element of 50%. The personal element assumes that there are two persons over the age of 18 (adults) living in the property. If there are more than two adults resident the bill is not increased, however, if there are less than two residents the bill may be reduced.</p> <ol style="list-style-type: none"> 1. For discount purposes certain groups of people are ignored (disregarded) when counting the number of adults in the household. This means that in certain circumstances a household with two or more resident adults may still qualify for a discount providing that all of them (or all but one of them) fall into one of the classes shown in Section D overleaf. 2. If there are two or more residents in the property aged 18 or over who are not entitled to a status discount then no discount can be allowed. 3. A person can qualify for a discount if they satisfy all the conditions set down in either Part 1 or Part 2 as follows: 	

PART 1
<ol style="list-style-type: none"> a) You must be either employed by a charitable organisation or public authority or introduced to the person/s for whom you are caring by a charitable body or public authority. b) You must reside in the premises of the person/s to whom you are providing care or support. c) You must provide at least 24 hours of care or support each week. d) Your income under this employment must not be more than £44 (gross) each week.

OR

PART 2
<ol style="list-style-type: none"> a) You must be providing care to someone who is not your spouse or partner (for those living as man and wife) or your child if under 18 years of age. b) You must reside in the premises of the person to whom you are providing care. c) You must provide at least 35 hours of care each week. d) The person for whom you are caring must be entitled to one or more of the following benefits:- <ul style="list-style-type: none"> Disability Living Allowance (DLA) where the care component is at the top rate. Unemployment Supplement (payable with war disablement pension). Attendance Allowance (at the higher rate). Constant Attendance Allowance (payable with disablement benefit or war disablement pension).

When you have filled in the details in Section B overleaf, please read and sign the declaration (Section C) and then send the form back to the above address as soon as possible.

COUNCIL TAX APPLICATION FOR A STATUS DISCOUNT FOR CARERS

SECTION B	APPLICATION DETAILS (Please complete in Block Capitals)
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Applicant's Name _____	Reference Number (shown on the bill) _____
Address _____ _____	
Telephone Number for contact _____	
How many people aged 18 or over (including yourself) usually live in the property?	<input style="width:100px; height:20px;" type="text"/>
How many of those people are eligible for a status discount? (see Section D)	<input style="width:100px; height:20px;" type="text"/>
Full name of the carer. _____	
Name of the person receiving care _____	
Does this person live in the same house as the carer?	<input style="width:100px; height:20px;" type="text"/>
Is this person the spouse/partner or child (under 18) of the carer?	<input style="width:100px; height:20px;" type="text"/>
Is this person entitled to one or more of the benefits listed in Part 2 overleaf? If yes enclose proof e.g. letter of entitlement from the relevant Benefit Agency.	<input style="width:100px; height:20px;" type="text"/>
On average how many hours per week do you provide care?	<input style="width:100px; height:20px;" type="text"/>
Name and address of your employer _____ (if applicable)	
Is your income under this employment less than £44 (gross) per week? (if yes please provide a letter of confirmation from your employer)	<input style="width:100px; height:20px;" type="text"/>
From what date have the above conditions applied?	<input style="width:100px; height:20px;" type="text"/>

SECTION C	DECLARATION
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As far as I know all the information I have given is accurate and true. I agree to tell the Council immediately if the circumstances change or I think that any reduction given as a result of this application should not apply.

Name _____ Signed _____ Date _____

SECTION D	PERSONS ELIGIBLE FOR DISCOUNT	“Calderdale MBC will ensure that any personal information provided by you on this form will be treated in accordance with the provisions of the Data Protection Act 1998. Calderdale MBC is the Data Controller of the information you have provided on this form and is registered with the Information Commissioner’s Office for the purposes of processing your personal information in relation to your application. The Council must protect the public fund it handles and so may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds. The Council will not share your information for any other purpose without your explicit consent. <small>For further information about Data Protection please contact 01422 288001 and ask to speak with the Council’s Information Manager.</small>
<p>The following are categories of people who qualify for a ‘status’ discount. Please put a tick in the appropriate box if you think that anyone else living at the property may qualify. An application form will be sent to you.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Persons in detention <input type="checkbox"/> The Severely Mentally Impaired <input type="checkbox"/> Persons over 18 in respect of whom child benefit is payable <input type="checkbox"/> Students <input type="checkbox"/> Apprentices <input type="checkbox"/> Student Nurses <input type="checkbox"/> Youth Training Trainees <input type="checkbox"/> Hospital Patients <input type="checkbox"/> Patients in Nursing or Care Homes <input type="checkbox"/> Carers <input type="checkbox"/> Residents of Hostels <input type="checkbox"/> Members of Religious Communities <input type="checkbox"/> Members of International Headquarters and Defence Organisations <input type="checkbox"/> Persons with a relevant association with a visiting force 		

SECTION E	FOR OFFICIAL USE
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Discount granted from _____	Date _____	
Discount granted to: _____	Date _____	
Comments _____		
Processed by _____	Code _____	Date _____