Council Tax Reference:

Application for a discount disregard for volunteer residential care workers.



1. ABOUT YOU	Surname:	Forename:	Title:
Address:		Postcode	
Number of reside	nts aged 18 or	over:	
2. Care worker	Surname:	Forename:	Title:
Address:		Postcode	
3. Employee deta	ils Surname:	Forename:	Title:
Address: Postcode			
4. DETAILS OF	INCOME in	come of care worker (per week): £	
S. YOUR SIGNATUR	RE		
Declaration (by liab	le person)		
declare that the in	formation state	d on this form is true and accurate to the	best of my knowledge and
lame (capitals):		Relationship to applicant:	
Signed:		Date:	

Guidance notes:

The full council tax bill assumes that there are 2 adults residing in a dwelling. However for Council tax purposes certain people will not be counted when looking at the number of adults. The effect of disregarding certain adults may be to reduce the Council Tax bill by 25% or 50%.

To receive a discount disregard for someone living in your home the carer must be:

- providing the care or support in question on behalf of a local authority, the Court of Common Council of the City of London, the Council of the Isles of Scilly, a government department or a charitable body, and be resident in premises provided by, or on behalf of, that organisation, so that the best care can be provided; and
- engaged or employed for at least 24 hours a week; and
- from April 2007, paid no more than £44 per week.

REVENUES & BENEFITS TELEPHONE NUMBER: 01925 443210 RETURN FORM TO: Benefits & Exchequer Services, New Town House, Buttermarket Street, Warrington WA1 2NH.

If you have any difficulties in completing this form, or require any additional information:

Please contact this office on 01925 443210 where an advisor will be pleased to help.

Our phone lines are open Monday to Friday 8am-6pm.