Council Tax reference:	Application for a discount disregard for a care worker part 2 scheme Carer for a disabled person			WAI Bo	ARRINGTON Borough Council	
1. ABOUT YOU	Surname: Ti			Title	itle:	
Forenames: (In full)			Middle initial:			
Address:	Telephone number:					
Postcode:	Pr	evious address				
2. DISABLED PERSON	Title: Forename: Surname:					
3.ALL of the (Please ind)A) Provides care to	following dicate YES a person wh	DNS To qualify for this conditions A - D must /NO as appropriate be no is in receipt of <u>one</u> o	t be met by the ca elow) f the following ben	efits. The	e Regula	
restrict the first three benefits (I to iii) to the higher rates (corresponding to day andi) An Attendance Allowance					YES	NO
(ii) Higher or Middle Rate of a Care Component of a Disability Living Allowance.					YES	NO
(iii) The highest rate of Disablement Pension.					YES	NO
(iv) An increase in a constant Attendance Allowance.					YES	NO
(v) Either rate of the daily living component of Personal Independence Payment or Armed Forces Independence Payment					YES	NO
B) Resides in the same dwelling as the person to whom care is provided					Yes	No
C) Provides care for at least 35 hours per week (on average)					Yes	No
D) Not a disqualified relative of that person					Yes	No
.e. should not be either a) Or c)		e of the disabled pers of the disabled perso	-			
Number of residents a	ged 18 or c)ver:				

Street, Warrington WA1 2NH.

4. YOUR S	IGNATURE
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Declaration (by the liable person)

I declare that the information stated in this form is true and accurate to the best of my knowledge and belief

Signed:

Date:

Warrington Borough Council may need to contact the Department of Works and Pensions to verify receipt of a qualifying benefit.

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%

A discount can only be given where the carer:-

1) Lives with a person who receives certain qualifying benefits (see A (i) to (iv) on page 1) which are paid to people who need full time care: And

2) The care is providing a lovel of personal care of

2) The care is providing a level of personal care and/or support to another person.

Proof of eligibility will need to be supplied.

Please supply (the cared for person's) Attendance Allowance, Disability Living Allowance, Disablement Pension, Constant Attendance Allowance, Personal Independence Allowance or Armed Forces Independence Payment.

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.