



**County Treasurer**  
Revenues & Benefits Services

Your Ref:

Our Ref:

Please ask for: Council Tax

Direct Line/Extension: (01432) 260360

Fax: (01432) 260484

E-mail: [counciltax@herefordshire.gov.uk](mailto:counciltax@herefordshire.gov.uk)

## **Application for Council Tax Discount (Careworkers)**

**COUNCIL TAX ACCOUNT NUMBER:** \_\_\_\_\_

**Before filling in this form please read the notes below.**

A discount can be granted if there are fewer than two adults living in a property. When counting the number of adults, careworkers may be disregarded.

If you wish to claim a discount, please complete the form in **CAPITAL LETTERS** and return it to: **The Council Tax Department, Herefordshire Council, P.O. Box 224 Hereford, HR1 2XW**

If you would like more information, advice or help with the form please contact the Council Tax Department at the above address, by email or on telephone number **(01432) 260360**. Telephone lines are open from 8:45 a.m. until 5:15 p.m. from Monday to Wednesday, from 8:45 a.m. until 4:00 p.m. on Thursday, and 8:45am until 4:45pm on Friday.

**A. APPLICANT**

(Must be a person liable to pay the Council Tax for the property)

Full name: \_\_\_\_\_

Address of the property (that the discount is being applied for):  
\_\_\_\_\_  
\_\_\_\_\_

Please state the total number of people, aged over 18, who live in the property. \_\_\_\_\_

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**PLEASE COMPLETE EITHER SECTION B OR C**

**B. PERSON TO BE DISREGARDED (CAREWORKER)**

(Must live in the property where the discount is being claimed)

Full name: \_\_\_\_\_

Nature of duties: \_\_\_\_\_

Employed since: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_

Salary/wages per week: £ \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

**DECLARATION BY EMPLOYER**

I declare that the employment details given above are correct and that the person referred to in section B is employed as a careworker and satisfies all the conditions mentioned overleaf.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name: \_\_\_\_\_ Position: \_\_\_\_\_

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**C. PERSON TO BE DISREGARDED (PERSON PROVIDING CARE)**

(Must live in the property where the discount is being claimed)

Full name: \_\_\_\_\_

Average hours of care provided per week: \_\_\_\_\_

Name of person **receiving** care: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to carer (if any): \_\_\_\_\_

Please tick the appropriate box to indicate which qualifying benefit the person receiving care is entitled to:

- Highest rate Attendance Allowance
- The highest rate of the care component of a Disability Living Allowance.
- An increase in the rate of Disablement Pension (due to the need for constant care)

**Appropriate evidence of entitlement should be enclosed such as a photocopy of the front page and inside cover of the benefit payment book or a letter of entitlement.**

**D. DECLARATION BY APPLICANT**

I declare that the information given in this form is correct to the best of my knowledge and belief and that appropriate evidence is enclosed. I understand that I must advise the Council at once if any of the circumstances change.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **NOTES FOR THE APPLICANT**

A careworker may be disregarded if **ALL** the following conditions are met:

### **FOR SECTION B**

1. The careworker must be employed for at least 24 hours per week, providing care or support to another person, the salary or wage for which must not be more than £36 per week.
2. The employer must be either;
  - a) a public authority or charity, OR
  - b) The person receiving care, provided he or she was introduced to the careworker by a public authority or charity.
3. The careworker must reside in premises provided by the employer for the better performance of his or her duties.

### **FOR SECTION C**

1. Care is provided for at least 35 hours per week on average.
2. The person requiring the care is entitled to one of a number of higher rated qualifying benefits relating to disability (see section C).
3. The person requiring the care is not the husband, wife, partner or child under 18, (of the carer).

### **GENERAL**

1. You do not have to complete this form unless you wish to claim a discount but if you provide false information you may be subject to a penalty of £50 and prosecution under the Theft Act 1978.
2. Any information provided will be treated in the strictest confidence but may be stored on computer and is therefore subject to the provisions of Data Protection legislation.

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County of Herefordshire District Council  
Tax & Rates Section, Revenues and Benefit Services, P.O. Box 224, Hereford. HR1 2XW  
Main Switchboard (01432) 260000