

CARE WORKERS DISCOUNT**Council Tax account reference number***This is an 8 digit number beginning with a 1.***Address of property for which discount is being claimed****Full name of tax payer claiming the discount**

Nature of duties

Employed since (DD.MM.YYYY)

Name and address of employer

Salary/wages per week

£

Hours worked per week

Average number of hours of care provided
per week by the applicant

Name of the person receiving care

Age of the person receiving care

Relationship to the carer (if any)

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

- The middle or highest rate care component of Disability Living Allowance
- Personal Independence Payment Daily Living Component at either standard or enhanced rate
- Attendance Allowance
- Increase in Constant Attendance Allowance under the Industrial Injuries of War Pensions scheme
- Armed Forces Independence Payment
- Highest rate of Constant Attendance Allowance payable on top of full rate Disablement Benefit paid for an industrial injury

DECLARATION BY APPLICANT

As far as I know, the information I have given is accurate and true. I understand that to supply false information may result in prosecution.

I authorise Herefordshire Council to make any enquiries necessary to verify the information given.

I will notify Herefordshire Council when the property is occupied by more than one adult as their sole or main residence. I understand that failure to do so, within 21 days, may result in a £70 fine.

Your signature

Date (DD.MM.YYYY)

Email address

Telephone number

PLEASE SEE DECLARATION FOR COMPLETION BY EMPLOYER OVERLEAF

DECLARATION BY EMPLOYER

I declare that the employment details given above are correct and that the applicant is employed as a care-worker and satisfies all of the conditions mentioned overleaf.

Signature

Date (DD.MM.YYYY)

Full name

Job title

NOTES FOR THE APPLICANT

- For this discount to apply, the care-worker 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 £44 per week.
- The employer must be either:
 - a public authority, charity or...
 - the person receiving care, provided he or she was introduced to the care-worker by a public authority or charity
- The care-worker must reside in premises provided by the employer for the better performance of their duties.
- Care is provided for at least 24 hours per week on average.
- The person requiring the care is entitled to one of a number of higher rated qualifying benefits relating to the disability.