

Council Tax

Discount Application: Carer



Revenue Services

Please return the completed form to: Revenue Services, P O Box 4, Town Hall, Lancaster LA1 1QR

Council	Tax	Carer	Disrega	rd Ap	plication

Address of your main residence:	How many adults are resident in the property?	
Part A: To be completed if you are	employed as a Carer	(e.g. by a registered Charity)
Name(s) of person(s) being cared for:		
Your Weekly Income:		average number of hours per week that
(Please supply confirmation from your employer)	your	orovide care
 you are employed to provide suppor were introduced to them by a charity you earn no more than £44 per weel Part B: To be completed if you are not remark	or local authority and k.	
Name(s) of person(s) being cared for:		
Your relationship to that person(s):		
Age(s) of the person(s) being cared for:	The a you p	average number of hours per week that provide care



Date:		Contact telephone r (in the event of a query		e-mail:				
	e (Block Letters):		Signed:					
award relief c	ed a discount/relief I mu	st notify the council wi uld apply and that failu	thin 21 da ire to do s	ledge and belief. I understand that if I am ys if I am no longer entitled to that discount/ o could lead to a fine of £70 being imposed. iable to prosecution.				
Declaration to be signed by the Applicant.								
Please note, you can email a copy of the completed form to us at lancasterctax@preston.gov.uk								
Please provide proof of receipt of the relevant benefits such as their DWP award letter.								
	☐ Armed Forces Independence Payment under the Armed Forces and Reserve Forces (Compensation Scheme) Order 2011.							
	The standard or enhanced rate of the daily living component and Personal Independence Payments							
	An increase in a consta amount of the payment	ant Attendance Allowance under regulations (not an annual increase to the t)						
	An increase in the rate amount of the payment	of their disablement pension under regulations (not an annual increase to the t)						
	The Middle or Highest	rate of Disability Living Allowance Care Component						
	Any rate of Attendance	Allowance						

Is the person you care for in receipt of any of the following benefits?

(Please tick the appropriate box(es).)

Personal information will be kept safe and secure and will only be kept for as long as is necessary. Further information can be found in the Privacy Notice on the Council's website http://www.lancaster.gov.uk/council-tax/council-tax-privacy-notice

