

Name	
Address	
Postcode	

COUNCIL TAX RELIEF CLAIM FORM CARE WORKER (CW)

A full Council tax Bill assumes that there are two adults (aged 18 or over) in a household. If any of the adults are Apprentices they may be disregarded for the purposes of Council Tax Discount.

Care Workers – Someone who provides care/support on behalf of a local authority, central government or charity. Must provide care for at least 24 hours per week, live in the property where the care is provided and receive no more than £44.00 per week.

To work out if you are due a discount we look at the circumstances of all residents (see below) in a property. We then count all adults who are not disregarded.

If after doing the count all but one of the adults are disregarded a 25% discount is awarded.

Resident – Someone aged over 18 years who has his or her **Sole or Main Residence** in the property.

Sole or Main Residence – Where a person is absent from the household, e.g working elsewhere, this person is associated with 2 properties. In these circumstances the Council must make a determination as to what that person's "sole or main residence". In the majority of these situations the person's main residence is the "family" home.

Please detail below anyone aged 17 or over who is resident (see above) in your property.

Name	Are they Care Workers? (delete as appropriate)	Do they own the property?	Date of Birth (for 17 year olds)
_____	Yes / No	Yes / No	_____
_____	Yes / No	Yes / No	_____
_____	Yes / No	Yes / No	_____
_____	Yes / No	Yes / No	_____
_____	Yes / No	Yes / No	_____

Declaration :

1. I have read and understood the contents of this form.
2. I confirm all the information given is a true and full statement.
3. I will notify Falkirk Council immediately if my circumstances change.

Signed Date Daytime Tel. Number
(in case of query)

Now have the certificate on the reverse of this form completed by the employer and return in the pre paid envelope provided.

COUNCIL TAX : Care Worker Certificate (CW)

Details (To be completed by care workers employed to provide care):

Care Worker's Name:

Home Address:

Name of person you provide care for:

Employers Name & Address:

Number of hours employed per week:

Amount paid per week for providing care:

Does your employer provide your accommodation?

Yes

No

If you are employed by the person you provide care for, state the name and address of the charity that introduced you:

Declaration:

1. I confirm that all the information given is a true and full statement.
2. I will notify Falkirk Council immediately if my circumstances change.

Signed

Date

Daytime
telephone no.
(in case of query)