

## 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. Some household members are 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 /	_____
_____	Yes / No	Yes /	_____
_____	Yes / No	Yes /	_____
_____	Yes / No	Yes /	_____
_____	Yes / No	Yes /	_____

**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 Revenues & Benefits Division 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 it to us by email to [revenues1@falkirk.gov.uk](mailto:revenues1@falkirk.gov.uk) or by post**

<b>Ebilling - please help our environment</b>	
Rather than posting out a paper Council Tax bill, we will email you a PDF bill instead.	
Please tick if you would like to help our environment and do this :	<input style="width: 40px; height: 20px;" type="checkbox"/>
<b>YOUR EMAIL ADDRESS:</b>	

## COUNCIL TAX : Care Worker Certificate (CW)

Details (To be completed by care workers employed to provide care):		
Care Worker's Name:	<input type="text"/>	
Home Address:	<input type="text"/>	
Name of person you provide care for:	<input type="text"/>	
Employers Name & Address:	<input type="text"/>	
Number of hours employed per week:	<input type="text"/>	
Amount paid per week for providing care:	<input type="text"/>	
Does your employer provide your accommodation ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are employed by the person you provide care for, state the name and address of the charity that introduced you:		
<input type="text"/>		
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)