

COUNCIL TAX RELIEF CLAIM FORM VOLUNTARY CARE WORKER

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.

Voluntary Care Workers – Someone who provides care/support for at least 35 hours per week and lives in the same property as the person requiring care. The person requiring care cannot be the carer’s partner or child under 18. The person receiving care must be in receipt of one of the qualifying benefits listed on the certificate overleaf.

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.

Your name:

Property Address:

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 if my circumstances change.

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

**Now complete the certificate on the reverse of this form and return it all to us at
www.falkirk.gov.uk/onlinepostbox**

Ebiling - please help our environment	
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"/>
YOUR EMAIL ADDRESS:	

COUNCIL TAX : Care Worker Certificate (CR)

Details (To be completed by the Voluntary Care Worker):

Care Worker's Name:

Home Address:

Name of person you provide care for:

Relationship to you:

Date of birth of the person you provide care for:

Are you the only carer? (please tick) Yes No

If No, please provide names of all other carers:

Total number of hours per week care is provided:

Number of hours per week you provide care for:

Does the person requiring the care have any external care?
e.g. day centre, crossroads etc. Yes No

If Yes, please provide details of who provides this and for how many hours each week:

Do you work? Yes No If Yes, how many hours each week?

Which benefit does the person being cared for receive? (please tick)

- Higher Rate Attendance Allowance
- High Rate Care Component of Disability Living Allowance
- Industrial Injury Benefit with High Constant Attendance Allowance
- War Disablement Pension with High Constant Attendance Allowance

You will need to provide evidence of the benefit e.g award letter

Declaration:

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

Signed	Date	Daytime telephone no. (in case of query)
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