

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

CARER APPLICATION

To be classified as a 'Carer' for Council Tax discount purposes, a person must satisfy each condition under either Part I or Part II as set out in the enclosed Guidance Notes.

Please complete the application form for consideration under Part I or Part II as appropriate and return it to me within 14 days. If you wish to discuss any aspect of this matter or require assistance with the completion of the forms then please contact the Council Tax section.

Revenues Services

Contact

Please contact your local Council using the details below.

Dartford Borough Council
Civic Centre, Home Gardens
Dartford
Kent
DA1 1DR

email: revenues@dartford.gov.uk

web: www.dartford.gov.uk

Sevenoaks District Council
PO Box 103
Argyle Road,
Sevenoaks
Kent TN13 1YT

email: revenues@sevenoaks.gov.uk

web: www.sevenoaks.gov.uk

PAY THE EASY WAY

Direct Debit is the easy way to pay your Council Tax. There are no cheques to write, no paperwork, no postage or overdue instalments.

Not only does it save you time and effort, you have a choice of four payment dates during the month and we can take your details over the phone or you can set the Direct Debit up online.

To set up a Direct Debit visit your Council's website www.dartford.gov.uk/directdebit or www.sevenoaks.gov.uk/directdebit

GUIDANCE NOTES

Part I

Under Part I, a carer must be:

- a) providing care or support through a connection with the Crown, a charity or a local authority;
- b) employed for at least 24 hours a week;
- c) paid no more than £44 per week; and
- d) resident where the care is given or in premises which have been provided for the better performance of the work.

Part II

Under Part II, a carer must be:

- a) Providing care for a person who is entitled to one of the following state benefits:
 - a higher rate of attendance allowance;
 - the highest rate of the care component of a disability living allowance;
 - the appropriately increased rate of disablement pension;
 - an increase in a constant attendance allowance;
- b) Resident in the same dwelling as the person to whom care is being provided;
- c) Providing care for at least 35 hours a week on average;

If the carer is the spouse or partner of the person receiving care, they cannot be classed as a carer under Part II, even if all the other requirements are satisfied.

Likewise, if the person receiving care is a child under the age of 18 years and the carer is a parent of that child, they cannot be classed as a carer under Part II.

Please Note - This guidance is intended to give an outline of this aspect of the Council Tax but should not be regarded as a complete guide to the law.

APPLICATION TO BE CLASSIFIED AS A 'CARER' FOR THE PURPOSE OF COUNCIL TAX DISCOUNT

PLEASE COMPLETE IF YOU ARE EMPLOYED AS A CARER (PART I)

(A) Full name of Carer: _____
Usual Address of Carer: _____

Address from which care is provided: _____

Name of person receiving care or support: _____
Address of person receiving care or support: _____

(B) Name and address of employer if different from above or the name and address of the charitable body who introduced you to the person you are caring for;

Please enclose your contract of employment (or a copy) which should include details of your salary or wages and the total number of hours per week you are employed. Community Service Volunteers must submit their 'Volunteer Care Worker's Certificate' with this form.

(C) **DECLARATION**

I declare that the information I have provided is true and accurate to the best of my knowledge and belief.

Name : _____

Signature : _____ Date : _____

Important - If after you have returned this form there are any changes to the information above please inform the Council Tax section as this may affect the amount of the bill.

**APPLICATION TO BE CLASSIFIED AS A 'CARER' FOR THE PURPOSE OF
COUNCIL TAX DISCOUNT**

PLEASE COMPLETE IF YOU ARE NOT EMPLOYED AS A CARER (PART II)

(A) Full name of Carer: _____

Usual Address of Carer: _____

Address from which care is provided: _____

Name of person receiving care or support: _____

Address of person receiving care or support: _____

(B) Please indicate which of these benefits the person you are caring for is entitled to:-

- Higher rate of Attendance Allowance
- Highest rate of the care component of a disability living allowance
- An increase in the rate of disability pension
- An increase in a constant Attendance Allowance

I shall need to verify that the person is entitled to the relevant benefit. Please send me a copy of the benefit award letter or a recent bank statement showing the benefit being credited to their account

(C) Are you resident with the person to whom you are providing care? Yes/No

Do you provide care for at least 35 hours a week on average? Yes/No

Please state your relationship to the person you are caring for: _____

If you are the parent please state the child's age: _____

(D) DECLARATION

I declare that the information I have provided is true and accurate to the best of my knowledge and belief.

Name: _____ **Signature:** _____ **Date:** _____

Important - If after you have returned this form there are any changes to the information above please inform the Council Tax section as this may affect the amount of the bill.