



**NORTH AYRSHIRE
COUNCIL**

Explanatory Leaflet for Council Tax Discount for Carers

The Council Tax and Water Service charges on a property may be reduced where one or more adult residents provide personal care.

When after excluding persons providing personal care, there is only one person who has a sole or main residence in a property the Council Tax will be reduced by 25% discount. The fact that a person is resident at another address for a period of time doesn't automatically mean that a discount will be granted. The Council needs to establish a persons sole or main place of residence.

To apply for discount on the basis of providing personal care the person liable to pay the Council Tax should complete the application form, sign the declaration and return it to the address shown at the bottom of the page. The application should provide details of the property and employment (if applicable).

There are no set periods that define sole or main residence where a person provides care elsewhere. The application should give as much information as possible to allow us to reach a decision.

A Care Worker is defined by legislation as:-

- A person who provides care and support on behalf of a local authority or charity for at least 24 hours per week, for which they are paid no more than £36.00 per week, and resides in premises provided by the local authority or charity for the better performance of their work. **If this is applicable, complete the form ignoring section 3.**
- A person who provides care or support to their employer, to whom they were referred by a charity for at least 24 hours per week, for which they are paid no more than £36.00 per week, and resides in premises provided by their employer for the better performance of their work. **If this is applicable complete the form ignoring section 3.**
- A person who provides care and support, for an average of at least 35 hours per week, to someone in receipt of a disablement related state benefit and resident in the same house, excluding their spouse/partner or a child of theirs aged under 18. The disablement related benefit must be one of the following:
 - The High Rate of Attendance Allowance
 - The Higher Rate of care component of Disability Living Allowance
 - The increased rate of Disablement Pension

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- An increased rate of Constant Attendance Allowance under the provisions of either the Personal Injuries(Civilians) Scheme 1983 or the Naval, Military and Air Forces etc(Disablement and Death) Service pensions Order 1983.

If this is applicable, complete the form ignoring Section 2.

If you qualify for a discount we will send you a letter confirming this and a replacement council tax bill showing the reduced sum due. If the claim is unsuccessful or we require further information we will telephone or write to you.

Review of the Discount

The discount will continue providing the qualifying criteria are being met. However, North Ayrshire Council will conduct a review of the circumstances by contacting you by telephone or email. If at any time you believe the reduction no longer applies then you must contact the Council immediately.

Do you need Help with this Form?

If you have any questions regarding this application please telephone **0845 603 0592** from 08.30am to 05.30pm Monday to Friday. You can also visit the public enquiry desk on the ground floor, Cunninghame House, Irvine from 09.00am to 04.45pm Monday and Tuesday, 10.15am to 04.45pm on Wednesday, 09.00am and 04.45 on Thursday and 09.00am to 04.30pm on a Friday or use the Contact Us facility on the Council's web site.

What do you think?

We value the opinions of our customers. This form has been designed to be in plain, jargon free language however, if you find any of the sections difficult to understand or complete please let us know by completing the suggestion box at the end of the form.

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Council Tax Reference No.	
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> Please supply the following telephone numbers in case we need to contact you regarding this application.

Daytime Telephone No.	
Evening Telephone No	
E-mail Address	

> Section 1: To be completed by the person liable for Council Tax

What is your full name?	
What is your full postal address including the postcode?	
How many adults over the age of 18 currently reside at your main address?	
What is your full postal address including postcode for correspondence? (if different from above)	
What is the full postal address including postcode where you are providing full-time care?	

➤ **Section 4: To be completed by the Registered Medical Practitioner**

I confirm that the carer named above provides care on a full-time basis and is currently residing with the person stated as receiving care.

To my knowledge this condition has existed since:

The following care / treatment is received by the person named:

Medical Practice Stamp (below)

Signed:.....

Position:.....

Date:.....

Declaration

I declare that the information I have given in this form is correct and complete and I agree to notify you immediately of any changes that might affect my council tax.

I understand that the deliberate provision of false information in order to achieve financial gain is a Criminal Offence and you may check the information with other sources as allowed by the law.

I understand that any information I have provided will be used in the administration of my council tax account. You may give information to other parties if the law allows this.

Signature of liable person

Date

What do you think?

<p>Was the form easy to complete?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered No please give details:</p>
<p>Was the form easy to understand?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered No please give details:</p>
<p>Was there any information not included on the form which you would like to see included?</p>	
<p>Do you have any suggestions on how the form could be improved?</p>	