

**Corporate and Community Services Department**

**Director: Caroline Innes**

211 Main Street, Barrhead, G78 1YF

Phone: 0141 577 3002 Fax 0141 577 3255

Email: [ctax@eastrenfrewshire.gov.uk](mailto:ctax@eastrenfrewshire.gov.uk)

When calling please ask for: Customer Services

Our Ref: WEBFORM



**Name:**

**Address:**

### **COUNCIL TAX DISCOUNT**

The Council Tax due on a property may be discounted to reflect the personal circumstances of the adult residents. Such a reduction will apply where less than two adults are resident in the property. For the purpose of the reduction adults who meet the under noted qualifying conditions shall be disregarded when counting the number of adults in the house.

If you want to apply for discount please provide the information requested overleaf, attach any confirmation of income etc., sign the declaration and return the form to the above address.

#### **QUALIFYING CONDITIONS: CARE WORKER**

1. A person who provides care or support on behalf of a Local Authority or charity for at least 24 hours per week, for which they are paid no more than £30 per week, and resides in premises provided by the Local Authority or charity for the better performance of their work.
2. 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 per week, and resides in premises provided by their employer for the better performance of their work.
3. A person who provides care or support, for an average of at least 35 hours per week, to someone in receipt of at least one of the state benefits listed below **and** resident in the same house, excluding their spouse/ partner or a child under the age of 18.
  - a) higher rate of Attendance Allowance
  - b) the high rate care component of Disability Living Allowance
  - c) an increase in constant Attendance Allowance under the industrial injuries or war pensions scheme
  - d) the highest rate of constant attendance allowance payable on top of full rate disablement benefit paid in respect of an industrial Injury

<b>Our Service Standards:</b>	>	<i>We will reply to all mail within 20 working days.</i>
	>	<i>We will determine all requests for discounts/changes in circumstances and issue a revised bill within 20 working days.</i>
	>	<i>We will update the customer's account within 2 working days of payment at a council office or within 2 working days of notification being received from the council's bankers or Girobank</i>
	>	<i>We will ensure that all residents are notified within six weeks of a missed payment.</i>

**DISCOUNT: CARE WORKER**

**SECTION 1 : TO BE COMPLETED BY A LIABLE PERSON**

A. I apply for discount on the basis that

Name .....

meets the qualifying conditions noted overleaf in paragraph number .....

Please confirm:

The date these circumstances took effect ..... / ..... / .....

The number of adults (including the above named) resident in the house at the above date is

The number of adults (including the above named) usually resident in the house is

*If applying under paragraphs 1 or 2 please have Section 2 below completed and ignore the rest of this section. If applying under paragraph 3 then complete the rest of Section 1 and ignore Section 2.*

B. Name of person cared for : .....

Relationship of above to care worker: .....

If person cared for is a child of the care worker please provide the child's date of birth: ..... / ..... / .....

Average number of hours of care provided per week: .....

The State Benefit received by the person cared for is: .....  
and I enclose evidence of this (e.g. copy of the front cover and first page of Benefit book, or letter of entitlement).

**SECTION 2 : TO BE COMPLETED BY CAREWORKER'S EMPLOYER**

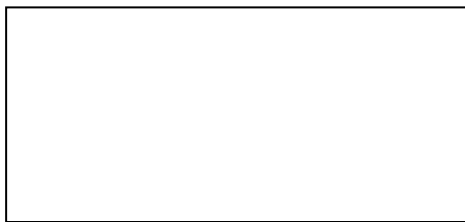
The person named in Section 1(A) has been a care worker since: ..... / ..... / .....

Average number of hours of care provided per week: .....

Gross weekly wage: £ .....

I confirm their residence is provided for the better performance of their work.

**Employer's Stamp**



**Signed** .....

**Position** .....

**Date:** ..... / ..... / .....

**DECLARATION**

I declare that the information on this form is true and complete and I authorise East Renfrewshire Council to verify the details.

I will notify within 21 days any change in circumstances which may affect my liability e.g. discount status no longer applies to the person named in Section 1, or the number of adults in the house increases.

I understand that failure to provide this information is an offence, which may make me liable to an initial fine of £50 and £200 for each subsequent offence.

**Signature of Liable Person** ..... **Date** ..... / ..... / .....

**Daytime Tel Number:**..... **Email Address:**.....  
(You do not have to tell us these but it may help us deal with your discount application quicker)