



For office use only

PRN:

DATE SENT:

APPLICATION FOR COUNCIL TAX DISCOUNT - CAREWORKERS

Thank you for your enquiry regarding a reduction in your Council Tax. Please fill in this form and return it immediately to: **Birmingham City Council, Revenues and Benefits, PO Box 5, Birmingham, B4 7AB.**

A Care Worker is someone who is employed to provide care or support for someone else. They must provide care for at least 24 hours each week and earn less than £44.00. Carers who are not employed may also qualify for a discount. If this applies to you, please contact the Council Tax office or your nearest Customer Service Centre (formerly Neighbourhood Office) for advice.

Council Tax Payer:

Full Name: _____

Address: _____

Please answer the following questions

Section A

Including yourself, how many people live in your home who are aged 18 or over?

Section B

Full name of the person given care or support

Section C

1. Full name of the person who is the Care Worker.

2. Is the Care Worker providing care or support on behalf of, or following an introduction by, a local Council or a Charity? Yes No

If the answer is yes, please give the name of the Council or Charity organisation.

3. Is the Care Worker living in accommodation provided by their employer? Yes No

4. Do they provide care or support for at least 24 hours per week? Yes No

5. Is the Care Worker paid less than £44.00? Yes No

6. Date when Care Worker started to provide care or support. _____

Section D

Birmingham City Council has a duty to maintain accurate records for billing and collection of Council Tax. In order to meet this requirement, the City periodically reviews all records including those where allowances, discounts and reliefs are granted. These records may be checked by using information already held by the City and its partner organisations, such as credit reference agencies, to identify cases where such allowances, discounts and reliefs no longer apply.

Declaration

I declare that the information that I have given is correct and complete to the best of my knowledge. I understand that the Council may make enquiries to verify the information I have given.

I will notify you immediately if my circumstances change which will affect the amount of Council Tax I am charged.

Signed _____ Date _____

Daytime telephone number _____

Please sign the form and give your daytime telephone number, as it may help us to deal with your application quickly.