

## Application for Disregard H Relative or Unpaid Carer

### Qualifying criteria

To be eligible for a Council Tax discount the following conditions must be met:

- the person for whom you are providing care or support must be eligible for at least one of the benefits shown in [Part 2](#) of the attached form

### AND you must:

- reside in the same dwelling as the person for whom you are providing care or support
- be providing care or support for at least an average of 35 hours per week
- not be the spouse or partner of the person being cared for
- not be the parent of the person being cared for where the person requiring care is under 18 years of age

<b>Council Tax Reference No:</b>	
<b>Name and address of liable person:</b>	

### Part 1

Your full name:	
The address where you live (this should be the same address as the person for whom you are providing care or support):	
Brief description of the accommodation you occupy:	
Name of person you provide care or support:	
Your relationship to them:	
Their date of birth (if under 18 years):	
The date the disregard should start:	
Number of hours per week, on average, you provide care or support:	
What care or support do you provide?	

## Part 2

<b>Applicant's name:</b>	
<b>Name of the people for whom you are providing care or support:</b>	
Please tick the appropriate boxes.	
I declare that the person for whom I provide care or support receives:	
i. an attendance allowance	
ii. the highest or middle rate of the care component of a disability living allowance	
iii. an increase in the rate of the disablement pension under section 104 of The Social Security Contributions and Benefits Act 1992 by an amount which is the highest amount determined in accordance with paragraph (a) of regulation 19 of the Social Security (General Benefit) Regulations 1982 or, in a case to which paragraph (b) of that regulation applies, the amount determined in accordance with that paragraph	
iv. an increase in a constant attendance allowance under the proviso to article 14 of the Personal Injuries (Civilian's) Scheme 1983 or article (1) (b) of the Naval Military & Air Forces etc (Disablement & Death) Service Pensions Order 1983 (including that provision as applied, whether with or without modifications, by any other instruments)	
v. the standard or enhanced rate of the daily living component of personal independence payment	
vi. armed forces independence payment	
Proof of an entitlement to a qualifying benefit <b>must</b> be provided such as a letter of entitlement.	
I further declare that I provide care or support for at least 35 hours per week to the above person and I enclose proof of the entitlements. Proof can be the letters of entitlement.	
I understand that if I give false information I may be prosecuted. I also understand that the Revenues Department has to protect the public funds that it handles and so may use the information on this form to prevent and detect fraud. The Revenues Department may also share this information for the same purpose, with other organisations which handle public funds.	
<b>Name:</b>	
<b>Date:</b>	
<b>Telephone number:</b>	
<b>Email address:</b>	