

## Application for care worker's council tax discount

The council tax payer for this address should complete and return this form

1. Your name and address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name and address of the care worker \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How many adults aged 18 or over live at this address? \_\_\_\_\_

4. Is the care worker paid more than £44 each week for providing care?    
This is the gross amount before any deductions such as tax. **Yes** **No**

5. How many hours each week does the care worker provide care?  
at this address? \_\_\_\_\_

6. What is name and address of the care worker's employer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If the employer is a registered charity what is their registration number? \_\_\_\_\_

8. Does the care worker live in a property provided by the employer because  
this allows them to provide a better service?    
**Yes** **No**

### Declaration

The information on this form is accurate. I understand I must tell the Customer & Exchequer Service in writing if these circumstances change.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Contact telephone number \_\_\_\_\_