

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

### **CARER APPLICATION**

To be classified as a 'Carer' for Council Tax discount purposes, a person must satisfy each condition under either Part I or Part II as set out in the enclosed Guidance Notes.

Please complete the application form for consideration under Part I or Part II as appropriate and return it to me within 14 days. If you wish to discuss any aspect of this matter or require assistance with the completion of the forms then please contact the Council Tax section.

Revenues Services

## Contact

Please contact your local Council using the details below.

Dartford Borough Council  
Civic Centre, Home Gardens  
Dartford  
Kent  
DA1 1DR

**email:** [revenues@dartford.gov.uk](mailto:revenues@dartford.gov.uk)

**web:** [www.dartford.gov.uk](http://www.dartford.gov.uk)

Sevenoaks District Council  
PO Box 103  
Argyle Road,  
Sevenoaks  
Kent TN13 1YT

**email:** [revenues@sevenoaks.gov.uk](mailto:revenues@sevenoaks.gov.uk)

**web:** [www.sevenoaks.gov.uk](http://www.sevenoaks.gov.uk)

### PAY THE EASY WAY

Direct Debit is the easy way to pay your Council Tax. There are no cheques to write, no paperwork, no postage or overdue instalments.

Not only does it save you time and effort, you have a choice of four payment dates during the month and we can take your details over the phone or you can set the Direct Debit up online.

To set up a Direct Debit visit your Council's website [www.dartford.gov.uk/directdebit](http://www.dartford.gov.uk/directdebit)

## **GUIDANCE NOTES**

### **Part I**

Under Part I, a carer must be:

- a) providing care or support through a connection with the Crown, a charity or a local authority;
- b) employed for at least 24 hours a week;
- c) paid no more than £44 per week; and
- d) resident where the care is given or in premises which have been provided for the better performance of the work.

### **Part II**

Under Part II, a carer must be:

- a) Providing care for a person who is entitled to one of the following state benefits:
  - a higher rate of attendance allowance;
  - the highest rate of the care component of a disability living allowance;
  - the appropriately increased rate of disablement pension;
  - an increase in a constant attendance allowance;
- b) Resident in the same dwelling as the person to whom care is being provided;
- c) Providing care for at least 35 hours a week on average;

If the carer is the spouse or partner of the person receiving care, they cannot be classed as a carer under Part II, even if all the other requirements are satisfied.

Likewise, if the person receiving care is a child under the age of 18 years and the carer is a parent of that child, they cannot be classed as a carer under Part II.

**Please Note - This guidance is intended to give an outline of this aspect of the Council Tax but should not be regarded as a complete guide to the law.**

**APPLICATION TO BE CLASSIFIED AS A 'CARER' FOR THE PURPOSE OF COUNCIL TAX DISCOUNT**

**PLEASE COMPLETE IF YOU ARE EMPLOYED AS A CARER (PART I)**

(A) Full name of Carer: \_\_\_\_\_  
Usual Address of Carer: \_\_\_\_\_  
\_\_\_\_\_  
Address from which care is provided: \_\_\_\_\_  
\_\_\_\_\_  
Name of person receiving care or support: \_\_\_\_\_  
Address of person receiving care or support: \_\_\_\_\_  
\_\_\_\_\_

(B) Name and address of employer if different from above or the name and address of the charitable body who introduced you to the person you are caring for;  
\_\_\_\_\_  
\_\_\_\_\_

Please enclose your contract of employment (or a copy) which should include details of your salary or wages and the total number of hours per week you are employed. Community Service Volunteers must submit their 'Volunteer Care Worker's Certificate' with this form.

(C) **DECLARATION**

I declare that the information I have provided is true and accurate to the best of my knowledge and belief.

Name : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Important - If after you have returned this form there are any changes to the information above please inform the Council Tax section as this may affect the amount of the bill.**

**APPLICATION TO BE CLASSIFIED AS A 'CARER' FOR THE PURPOSE OF  
COUNCIL TAX DISCOUNT**

**PLEASE COMPLETE IF YOU ARE NOT EMPLOYED AS A CARER (PART II)**

(A) Full name of Carer: \_\_\_\_\_

Usual Address of Carer: \_\_\_\_\_  
\_\_\_\_\_

Address from which care is provided: \_\_\_\_\_  
\_\_\_\_\_

Name of person receiving care or support: \_\_\_\_\_

Address of person receiving care or support: \_\_\_\_\_  
\_\_\_\_\_

**(B) Please indicate which of these benefits the person you are caring for is entitled to:-**

- Higher rate of Attendance Allowance
- Highest rate of the care component of a disability living allowance
- An increase in the rate of disability pension
- An increase in a constant Attendance Allowance

**I shall need to verify that the person is entitled to the relevant benefit. Please send me a copy of the benefit award letter or a recent bank statement showing the benefit being credited to their account**

(C) Are you resident with the person to whom you are providing care? Yes/No

Do you provide care for at least 35 hours a week on average? Yes/No

Please state your relationship to the person you are caring for: \_\_\_\_\_

If you are the parent please state the child's age: \_\_\_\_\_

**(D) DECLARATION**

I declare that the information I have provided is true and accurate to the best of my knowledge and belief.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Important - If after you have returned this form there are any changes to the information above please inform the Council Tax section as this may affect the amount of the bill.**