



ADUR & WORTHING
COUNCILS
Revenues & Benefits

Adur & Worthing Councils
Portland House
44 Richmond Road
Worthing
West Sussex, BN11 1HS
www.adur-worthing.gov.uk

Explanatory Notes
Local Government Finance Act 1992
Application for a person to be disregarded for Council Tax
Care Workers

Dear Sir/Madam

A person may be disregarded for the purpose of the Council Tax if they provide care and/or support to another person.

In order to be disregarded ALL of the following conditions in either Part 1 or Part 2 must be met:

PART ONE (professional carer)

- a) Employed, under a contract of employment by:-
 - i. The person(s) being cared for, to whom you were introduced by an established charitable body or a local authority, or
 - ii. A local authority, or
 - iii. A charity
- b) Employed to provide care for at least 24 hours a week
- c) Employed to provide care for not more than £44.00 per week
- d) Resident in the employer's premises

PART TWO (unpaid carer or relative)

- a) Providing care to a person who is in receipt of:
 - i. Attendance Allowance at any rate; or
 - ii. The higher rate of the care component of Disability Living Allowance or, from 8th April 2013, the highest or middle rate of the care component of Disability Living Allowance ; or standard or enhanced rate of Personal Independence Payment (PIP); or
 - iii. An appropriate increase in Disablement Pension; or
 - iv. An increase in Constant Attendance Allowance
- b) Resident in the same dwelling as the person for whom care is provided
- c) Providing care for at least 35 hours a week
- d) Is not the spouse (or living as if spouses) of the person for whom care is provided, or the parent of a person for whom care is provided who is under 18 years of age.

Please complete the attached certificate and return it to the Revenues & Recovery Team at the address shown at the top of this letter.

If you have any further queries about this matter please contact the Customer Service team on 01903 221061.

Yours sincerely

Paul Tonking
Head of Revenues & Benefits

Revenues & Benefits, PO Box 5000, Worthing, West Sussex BN11 1JN
revsbens@adur-worthing.gov.uk

www.adur-worthing.gov.uk - facebook.com/AdurWorthingCouncils - twitter.com/adurandworthing

LOCAL GOVERNMENT FINANCE 1992
Persons disregarded for Council Tax - Care Workers

PART ONE (Professional carer)- to be completed if you're applying under part one of the explanatory notes

Name of the carer:

Address of the carer:

I certify that the above person is employed to provide care and:

- a) Is employed for at least 24 hours each week
- b) Their earnings do not exceed £44.00 per week
- c) They are usually resident in premises belonging to the employer
- d) Their contract of employment is dated _____

DATA PROTECTION

Adur & Worthing Councils are the data controllers for the purposes of applicable data protection legislation in relation to administering Council Tax. Full details about how your personal data is used are available at www.adur-worthing.gov.uk/council-tax/privacy-notice.

Declaration

I confirm that the information I have given above is true and complete.

I understand that the data entered on this form will be entered on to a database and used to maintain Council Tax records and that it may also be cross checked against records for Non-Domestic Rates and Housing Benefit.

I understand that I must notify the Revenues & Benefits Service immediately about any change in my circumstances that may affect my application for the discount/exemption.

Signed:

Dated:

On behalf of *:

* for charity, local authority or employer (if signed as an employer please indicate the name and address of the charitable body who introduced the carer to you).

WARNING

To provide false information in this application could result in civil penalties being imposed and to prosecution.

LOCAL GOVERNMENT FINANCE 1992
Persons disregarded for Council Tax - Care Workers

PART TWO (Unpaid carer or relative) - to be completed if you're applying under part two of the explanatory notes

Name of the carer:

Address of carer:

Number of
hours care provided:

I certify that:

- a) I am in receipt of
 - i. Attendance Allowance; or
 - ii. The higher rate of the care component of Disability Living Allowance or, from 8th April 2013, the highest or middle rate of the care component of Disability Living Allowance ; or standard or enhanced rate of Personal Independence Payment (PIP); or
 - iii. An appropriate increase in Disablement Pension; or
 - iv. An increase in Constant Attendance Allowance
- b) Proof of the qualifying support/benefit is enclosed or will follow
- c) And that the carer is resident in the same dwelling as me
- d) And that the carer provides care for at least 35 hours a week
- e) And that the carer is not my spouse (or my parent if you're under 18 years of age)

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Dated:

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