Carer discount disregard application

Please fill in this form to **apply for a carer discount disregard** and send it to:

Revenues & Housing Support Service  
Cotswold District Council  
Trinity Road  
Cirencester  
Gloucestershire  
GL7 1PX

A 25% discount is available to households with only one occupier over 18 years old. There are also certain categories of person who are over 18 years that can be disregarded when calculating the number of occupiers. One such category is carers and care workers who fulfil certain criteria.

To qualify for this disregard, either all the conditions listed under Part I or all the conditions listed under Part 2 must be met. You should only complete the section that applies to your situation.

**All applicants should complete the section below.**

<table>
<thead>
<tr>
<th>Details of applicant</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name</td>
<td></td>
</tr>
<tr>
<td>Address and postcode</td>
<td></td>
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<tr>
<td>Contact telephone number</td>
<td></td>
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<tr>
<td>Email address</td>
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</table>

**Details of person being cared for**

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
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<tbody>
<tr>
<td>Address and postcode</td>
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</table>
Part 1 (care worker)

The applicant must be:

a) Employed by the person(s) being cared for, or a public authority or body established for charitable purposes.
b) In receipt of income of not more than £44.00 per week.
c) Reside in the premises in which he/she is employed and work at least 24 hours per week.

Name and address of employer

Earnings per week
A certificate from your employer must be provided showing earnings details

Part 2 (Carer)

The applicant is:

a) Providing care to a person who is in receipt of or entitled to one of the following:
   - A higher rate attendance allowance.
   - Disability living allowance care component at the middle or highest rate.
   - Disablement pension increment, due to constant attendance need.
   - Personal independence payment living component at either level.
   - Constant attendance allowance increment.

   **A copy of the relevant benefit award letter must be enclosed.**

b) Resident in the same dwelling as the person to whom he/she is providing care.
c) Providing that care for at least 35 hours per week.
d) Not a disqualified relative:-
   - A spouse or they live together as husband and wife.
   - A parent caring for their child who is below the age of 18 years.

<table>
<thead>
<tr>
<th>Type of allowance/pension received</th>
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<tbody>
<tr>
<td>Average number of hours care provided per week</td>
<td></td>
</tr>
<tr>
<td>Relationship (if any) to applicant</td>
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<tr>
<td>Date of birth of person being cared for if under 18</td>
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</tbody>
</table>

**Declaration**

As far as I know the information given is true and accurate. I will let you know about any changes to the information given.

Your signature: .......................... Date: ..........................

Full name: ..........................................................................................

The Council are the Data Controllers for the purposes of the Data Protection Legislation
We will only use your personal information in accordance with the Legislation and for the purposes of Revenues & Benefits. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.