

COUNCIL TAX DISCOUNT – CARE PROVIDERS

Please complete with name and address

Property Address (if different to mail address)

Account Ref: DISC/EXEM

Property Ref :

1. Please list all adult residents in the household and those who will become 18 within the next 2 years:

Title	Surname	Forenames	Owner	Tenant	Other	Date of birth

2. Please give the full name of:

(a)	The Council Tax Payer	
(b)	The person receiving care	
(c)	The person providing care	

Please "circle" **Yes/No** as your answer to the following questions.

3. Is the person **RECEIVING** care:

(a)	Under 18 years of age?	Yes	No
(b)	Receiving an Attendance Allowance	Yes	No
(c)	Receiving the Middle or Highest Rate Care Component of a Disability Living Allowance or Personal Independence Payment?	Yes	No
(d)	Receiving an increase in the rate of his/her Disablement Pension?	Yes	No
(e)	Receiving an increase in a Constant Attendance Allowance?	Yes	No
(f)	Receiving an armed forces independence payment?	Yes	No

Please supply proof of any award of the above benefits

4. Is the person **PROVIDING** care:

(a)	Living in the same household as the person receiving care?	Yes	No
(b)	Providing care for an average of at least 35 hours per week?	Yes	No
(c)	Married to the person receiving care, or living together with them as husband and wife? If the person you care for is your spouse/partner you will not qualify for this discount	Yes	No
(d)	A parent of the person receiving care? If the person you care for is your child and they are under 18 years of age you will not qualify for this discount.	Yes	No

DECLARATION I declare that the information given above is correct to the best of my knowledge and belief.

Signature:		Date:	
Full Name (please print):		Mobile:	
Telephone Number:		Email:	

For further information about exemptions, discounts and council tax support, please visit our website www.northumberland.gov.uk or call 01670 624884. If you require this information in large print or Braille, please contact 01670 624884