

Application for a Carer's Discount

The person who is responsible for paying the Council Tax bill must fill in this form.

Please complete this form, sign the declaration at the end and return the form to: The Council Tax Service, PO Box 3, Manchester, M15 5BA.

1. Details of the person who pays the Council Tax bill

- 1. Full name:
- 2. Address:
- 3. Daytime phone no.
- 4. Email address:
- 5. How many people over 18 live at this address:
- 6. Your relationship (if any) to the person being cared for:

2. Details of the person being cared for

- 1. Their full name:
- 2. Their date of birth:(Date)
- 3. When did they start to receive the care?(Date)
- 4. Please tick to show which, if any, of these benefits they receive:

- The highest or middle rate care component of Disability Living Allowance
- Attendance Allowance
- Armed Forces Independence Payment
- Personal Independence Payment Daily Living Component (standard or enhanced rate)
- Increase in Constant Attendance Allowance under the Industrial Injuries or War Pensions scheme
- Highest rate of Constant Attendance Allowance payable on top of full rate Disablement Benefit paid for an industrial injury

- 5. If they receive any of these benefits, give the date they started to receive it if you can(Date)

3. Details of the carer

- 1. Their full name:
- 2. Where does the carer live?
- 3. Is the person being cared for:

Their husband, wife or civil partner	Yes <input type="checkbox"/> No <input type="checkbox"/>
Some one they live with as husband, wife or civil partner	Yes <input type="checkbox"/> No <input type="checkbox"/>
Their child who is under 18	Yes <input type="checkbox"/> No <input type="checkbox"/>
- 4. If none of the above was the carer introduced by the Local Authority (LA) or a charity?

3. Details of the carer

Yes No
continued overleaf

3. Details of the carer (continued)

4. Is the carer **employed** by the LA or a charity? Yes No

If 'Yes' give the name and address of the LA or charity:

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Does the LA or charity pay for the carer's accommodation? Yes No

5. On average, how many hours a week does the carer provide care for?

6. If the carer is paid by the LA, charity or by the person cared for, how much do they get weekly? £.....

7. When did the care arrangements start?(Date)

Declaration

I declare that the information I have given on this form is correct to the best of my knowledge.

Your signature:	<input type="text"/>	Date:	<input type="text"/>
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Please give a phone number you can be contacted on during the day:

Preventing and detecting fraud. Manchester City Council must protect the public funds we deal with. We may use the information you have given on this form and share the information with other organisations that audit or handle public funds to help us prevent and detect fraud. **Find out more at** www.manchester.gov.uk/benefitfraud