

# COUNCIL TAX CLAIM FORM

## - Carers Form.

**Please complete and return to :-**

Exchequer Division, Unity partnership,  
P.O. Box 4, Civic Centre,  
West Street, Oldham OL1 1UH.  
Telephone enquiries : 0161 770 6622

**Account Ref :**

**Re :**

*PLEASE NOTE : In order to be considered for this discount, the person receiving care*

- A) Must be living in the dwelling for which the discount is being sought.
- B) Must not be the partner of the person providing care.
- C) Must not be a child under 18 years of the person providing care.

1

**Applicant - (carer)**

Name .....

Address .....

.....

.....

Daytime Telephone No. ....

2

**Person receiving care**

Name : .....

.....

Relationship to applicant : .....

Details of illness / disability : .....

.....

.....

.....

.....

3

*Grounds for application*

- 1 Do you provide for at least 35 hours per week. YES / NO
  
- 2 Is the person receiving care paid any of the following benefits?  
(Please delete YES or NO as appropriate and if YES, give start date)

  - The highest rate of care component of disability living allowance. YES / NO -----
  - A higher rate of attendance allowance. YES / NO -----
  - The highest rate of disablement pension. YES / NO -----
  - An increase in a constant attendance allowance. YES / NO -----

- 3 Please state number of adults resident who are 18 years old or over. -----
- 4 Have you (the carer) left your own home in order to provide care? YES / NO

  - If YES, please state address and date left :*
  - 

- 5 Have you (the cared for) left your own home in order to receive care? YES / NO

  - If YES, please state address and date left :*
  - 

*Declaration*

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

Signature ----- Date -----

**PLEASE NOTE : You must notify this department IMMEDIATELY if you have a change of circumstances which may affect your claim.**

OFFICE USE ONLY	COMMENTS	PRESENT BAND
VISITED BY : -----  DATE : -----		