

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 :

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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 :*
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- 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 :*
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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 :		