

Revenues & Benefits, PO Box 21764, FALKIRK, FK1 9GJ

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COUNCIL TAX RELIEF CLAIM FORM

VOLUNTARY CARE WORKER

A full Council Tax bill assumes that there are two adults (aged 18 or over) in a household. Some household members are disregarded for the purposes of Council Tax Discount.

**Voluntary Care Workers –** Someone who provides care/support for at least 35 hours per week and lives in the same property as the person requiring care. The person requiring care cannot be the carer’s partner or child under 18. The person receiving care must be in receipt of one of the qualifying benefits listed on the certificate overleaf.

To work out if you are due a discount, we look at the circumstances of all residents (see below) in a property. We then count all adults who are not disregarded. If after doing the count all but one of the adults are disregarded a 25% discount is awarded.

**Resident –** Someone aged over 18 years who has his or her **Sole or Main Residence** in the property.

**Sole or Main Residence –** Where a person is absent from the household, e.g working elsewhere, this person is associated with 2 properties. In these circumstances the Council must make a determination as to what that person’s “sole or main residence”. In the majority of these situations the person’s main residence is the “family” home.

**Please fully complete the following:**

YOUR NAME:

PROPERTY ADDRESS:

**Please detail below anyone aged 17 or over who is resident (see above) in your property:**

Name1:

Are they care workers? Yes / No

Do they own the property? Yes / No

Date of Birth (for 17 year olds):

Name2:

Are they care workers? Yes / No

Do they own the property? Yes / No

Date of Birth (for 17 year olds):

Name3:

Are they care worker? Yes / No

Do they own the property? Yes / No

Date of Birth (for 17 year olds):

Name4:

Are they care workers? Yes / No

Do they own the property? Yes / No

Date of Birth (for 17 year olds):

**DECLARATION**

I have read and understood the contents of this form.

I confirm all the information given is a true and full statement.

I will notify Falkirk Council immediately if my circumstances change

SIGNED:

DATE:

TEL NUMBER:

**Now complete the certificate on the reverse of this form and return it all to us at** [**www.falkirk.gov.uk/onlinepostbox**](http://www.falkirk.gov.uk/onlinepostbox)

**PLEASE HELP US BY SETTING UP EBILLING**

Rather than posting out a paper Council Tax bill, we will email you a PDF bill instead

**Would you like to help and do this Yes / No**

**Your email address:**

COUNCIL TAX: Care Worker Certificate (CR)

**To be completed by the voluntary care worker**

Care Worker's Name:

Home Address:

Name of person you provide care for:

Relationship to you:

Date of birth of the person you provide care for:

Are you the only carer: Yes / No

If No, please provide names of all other carers:

Total number of hours per week care is provided:

Number of hours per week you provide care for:

Does the person requiring the care have any external care.

e.g. day centre, crossroads etc: Yes / No

If Yes, please provide details of who provides this and for how many hours each week:

Do you work: Yes / No

If Yes, how many hours each week:

Which benefit does the person being cared for receive:

Higher Rate Attendance Allowance: Yes / No

High Rate Care Component of Disability Living Allowance: Yes / No

Industrial Injury Benefit with High Constant Attendance Allowance: Yes / No

War Disablement Pension with High Constant Attendance Allowance: Yes / No

Other:

**You will need to provide evidence of the benefit e.g award letter**

**DECLARATION**

Signed:

Date:

Telephone number: