

**Please complete and return this form to:**  
Revenues, Benefit & Customer Services  
District Council House, Frog Lane,  
Lichfield, Staffordshire, WS13 6YX

Your Name:  
Your Address:

Web Download  
Customer Services: 01543 308900  
Email: [Revenues@Lichfielddc.gov.uk](mailto:Revenues@Lichfielddc.gov.uk)

Account reference number:

## Application for Carers Disregard

Carers can be disregarded for council tax purposes if they fall into one of two groups. The first group of carers who are disregarded for council tax purposes must meet ALL the following criteria:

- Care for at least 35 hours a week
- Live in the same property as the person they care for
- Not be the partner of the person they care for
- Not be the parent of the person they care for, if the person cared for is aged under 18

In addition, the person being cared for must be entitled to one of the following benefits: disability living allowance (middle or higher), personal independence payment (standard or enhanced rate), attendance allowance (lower or higher rate), Armed Forces Independence Payment, increased rate of Disablement Pension or constant attendance allowance.

The second group of carers who are disregarded for council tax purposes must meet ALL the following criteria:

- Provide care or support on behalf of a local authority, government department or charity
- Provide care through an introduction by a charity, where the person being cared for is the carers employer
- Employed to care for the person for at least 24 hours a week
- Paid no more than £44.00 per week
- Resident where the care is given

More than one person in the same dwelling can count as a carer, including where caring responsibilities are being shared

Name of person receiving care	
Date of Birth of person receiving care	
Minimum number of hours per week that care is provided	
Is/are carer(s) and person being cared for resident at the property?	
Name of Carer(s)	



Relationship of carer(s) to person being cared for

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Is/are carer(s) employed to provide such care?

YES

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NO

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Name & address of employer (if applicable)

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Minimum hours engaged or employed per week

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Maximum remuneration per week

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If the carer(s) is/are not employed, the person being cared for must be receiving one of the following benefits. Please provide evidence of the benefit they receive, or evidence of how they would be entitled to it.

Please indicate which benefit the person receiving care is in receipt of

Attendance Allowance

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Increased rate of Disablement Allowance

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An increase in constant Attendance Allowance

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High Rate or Middle rate care component of Disability Living Allowance or standard/high rate of Personal Independence payment (PIP)

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Please confirm the names of all persons aged 18 or over who normally reside at the property

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**DECLARATION:**

I declare that the information given above is true and accurate to the best of my knowledge.

I understand I must notify you of any change of circumstances which may affect any discount I receive within 21 days and failure to do so may result in a penalty being incurred. I understand it is a criminal offence to supply false information or receive a discount I am not entitled to.

**You should continue to pay in accordance with your latest bill until you are notified of any decision.**

Signature

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Date

--

Print

--

Contact Number

--

Email address

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**Data Protection and General Data Protection Regulation (GDPR)**

The law allows us to process your ordinary personal data either because it is necessary to do so to perform a task carried out in the public interest, or in the exercise of official authority vested in us. Please read our privacy notice at [www.Lichfielddc.gov.uk/rbprivacy](http://www.Lichfielddc.gov.uk/rbprivacy) on how we will use your personal data and who we may share it with.

