



# Bedford Borough Council

LOCAL TAXATION OFFICE  
 BOROUGH HALL, CAULDWELL STREET  
 BEDFORD MK42 9AP  
 Telephone Bedford (01234) 718097  
 Email: localtax@bedford.gov.uk Web: www.bedford.gov.uk

For Office Use						LDISCOUNT					
PROPREF											
PIN											

## COUNCIL TAX DISCOUNT APPLICATION CARE WORKER

Please read the notes overleaf before completing this form.

To apply for a discount in respect of a care worker, please complete Sections 1 and 4 and either Section 2 or 3 of this form using CAPITAL LETTERS and then return it to the Council. PLEASE NOTE, you will not qualify for a discount if there are two or more adults (aged 18 and over) resident in the property who do not fall into any of the discount categories listed overleaf. There is, therefore, no requirement for you to complete this form.

### SECTION 1

<b>A</b>	<b>Full name and address of APPLICANT</b> (Only people who are liable to pay Council Tax can apply for a discount).	
	Name:	
	Address:	

<b>B</b>	(i) How many adults reside in the dwelling?		See note 1
	(ii) The date from which the number of adults at B (i) became applicable		/ /

<b>C</b>	How many adults in the dwelling fall to be disregarded? (include anyone already disregarded who is still resident)		See note 2
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<b>D</b>	<b>Full name and address of CARE WORKER</b>	
	Name:	
	Address:	

<b>E</b>	Date from which the person in section D fulfilled the conditions for a discount	/ /	See note 3
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### SECTION 2

<b>F</b>	<b>Name and address of CHARITABLE BODY introducing the Care Worker to the Care Recipient</b>		See note 4a
	Name:		
	Address:		

<b>G</b>	<b>Name and address of CARE WORKER'S EMPLOYER or body for whom care is provided</b>		See note 5
	Name:		
	Address:		

<b>H</b>	Date employment commenced	/ /
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Continued...

**SECTION 3**

<b>I</b>	<b>Please state which allowance (see note 4b) the Care Recipient is receiving and the allowance number (see note 6)</b>
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<b>J</b>	<b>Full name and address of CARE RECIPIENT</b>
	Name:
	Address:

<b>K</b>	<b>Number of hours each week the Care Worker is providing care to the Care Recipient</b>	
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<b>L</b>	<b>Date of Birth of Care Recipient</b>	/ /
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<b>M</b>	<b>Relationship of Care Recipient to Care Worker e.g Husband, Wife etc.</b>
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<b>N</b>	<b>Name of any persons aged 17 years, resident in the property</b>	<b>Date of birth</b>
		/ /
		/ /

**SECTION 4**

<b>O</b>	<b>Declaration</b>
<p>As far as I know all the information I have given is accurate and true.            I authorise the Local Taxation Office to make any enquiries necessary to verify the information given. I undertake to notify the Local Taxation Office of any change of circumstances which would affect the care worker in this application being disregarded.            I also undertake to notify the Local Taxation Office of any change in the number of adults resident at the property in respect of which the discount is claimed.            I understand that failure to notify the Council of any change that may affect the entitlement to the discount within 21 days may result in a penalty being incurred by me</p> <p>Your Signature ..... Date .....</p> <p>Daytime Telephone No ..... Email.....</p> <p>(You do not have to give a telephone number or email but it would be helpful if you did in case we need to contact you).</p>	

**DATA PROTECTION**

Personal information held for Council Tax purposes will be held and used in accordance with the requirements of the Data Protection Act 1998. To assist the Council in the prevention and detection of fraud so that it can protect the public funds it administers, the Council may use information provided for Council Tax purposes within this Authority for data matching purposes. It may also data match information provided for Council Tax purposes with other public bodies that regulate, administer or are in receipt of public funds for the purposes of the prevention and detection of fraud.

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## COUNCIL TAX DISCOUNT APPLICATION CARE WORKER

### Notes

- Note 1** Include everyone who is aged 18 at the date of this application. You should count all adults who occupy the dwelling.
- Note 2** The following people are entitled to be disregarded for discount purposes:
- Prisoners
  - Severely mentally impaired
  - People over 18 in respect of whom Child Benefit is payable
  - People 18 and 19 years old on further education courses which are not job related
  - Hospital patients
  - Patients in care homes
  - Care workers
  - Residents of certain hostels
  - Members of international headquarters and defence organisations
  - Members of religious communities
  - Students, including student nurses
  - Apprentices
  - Members of a visiting armed force
  - Youth Training Trainees
- Note 3** The date is when the person occupied the dwelling, or they became a care worker, whichever is the later.
- Note 4** A person may qualify as a Care Worker if a) or b) below apply. If a) applies complete section 2 of the application form, b) applies complete section 3.
- a) i) The Care Worker must be employed by the person receiving the care/support (providing the care recipient was introduced to the care worker by a body established for charitable purpose only); or be providing care on behalf of a Local Authority or the Crown or a Charity, and
- ii) The period of caring is at least 24 hours per week, and
  - iii) The Care Worker's remuneration does not exceed £44 per week, and
  - iv) The Care Worker resides in premises provided by or on behalf of the employer or body they are engaged by, for the better performance of their duties.
- b) i) The person for whom care is provided is receiving one of the following allowances:-
- an attendance allowance under section 65 of the Social Security Contributions and Benefits Act 1992; or
  - the highest rate or middle rate of the care component of a disability allowance under section 72(4)(a) or section 72(4)(b) of the that Act; or
  - an increase in the rate of his/her disablement pension under section 104 of that Act by an amount which is the highest amount determined in accordance with regulation 19(a) of the Social Security (General Benefit) Regulations 1982 or, in a case to which paragraph (b) of that regulation applies, the amount determined in accordance with that paragraph.
  - An increase in constant attendance allowance under proviso to article 14 of the Personal Injuries (Civilians) Scheme 1983(c), or under article 14(1)(b) of the Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1983 (including that provision as applied, whether with or without modifications, by any other instruments); and wife) or is not a child under 18 years of age of the Care Worker.
- ii) The Care Worker resides in the same dwelling as the person for whom care is provided, and
- iii) Care is given for at least 35 hours per week on average, and
- iv) The care recipient is not the spouse of the Care Worker (or they are not living together as husband and wife) or is not a child under 18 years of age of the Care Worker.
- Note 5** In support of your application it will be necessary to provide a copy of the contract of employment or letter of engagement.
- Note 6** In support of your application you must supply proof of the Care Recipient's entitlement to allowance. This can be achieved by producing the allowance book at the Local Taxation Office at the Town Hall or by sending a copy of the front cover and the first inside page of the allowance book. If payment is made direct to a bank account, a letter of confirmation from the Department for Works and Pensions will be required.