

# Use this claim form to apply for a Carer's Discount

Please return the completed form to: Council Tax Unit, PO Box 147, Manchester. M15 5TU.

## 1 Who is responsible for paying the bill?

The person responsible for paying the Council Tax should fill in this claim form.

Full Name

Address

How many people aged 18 or over live at this address?

Daytime phone number

## 2 About the person being cared for

Full name of the person being cared for

## 3 Does the person being cared for get any of these benefits Attendance Allowance at the higher rate?

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| • Disability Living Allowance at the highest rate of the care component  | yes<br><input type="checkbox"/> | no<br><input type="checkbox"/> |
| • Constant Attendance Allowance at the higher or increased weekly rate because the disablement is exceptionally severe | yes<br><input type="checkbox"/> | no<br><input type="checkbox"/> |
| • An increase in Constant Attendance Allowance because a war injury caused very severe disablement                     | yes<br><input type="checkbox"/> | no<br><input type="checkbox"/> |

## 4 Does the carer live in your home?

yes <input type="checkbox"/>	no <input type="checkbox"/>
---------------------------------	--------------------------------

## 5 Is the carer caring for their husband or wife, or someone they live with as husband or wife?

yes <input type="checkbox"/>	no <input type="checkbox"/>
---------------------------------	--------------------------------

## 6 Is the carer caring for their child who is under 18 years old?

yes <input type="checkbox"/>	no <input type="checkbox"/>
---------------------------------	--------------------------------

## 7 About the carer

Name of the carer

*(if there is more than one carer, fill in a separate claim form).*

On average how many hours a week does the carer provide care

**8 Was the carer introduced to you by a charity or local authority?**

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

**9 Is the carer employed by a charity or local authority?**

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

**a) Please give the name and address of the charity or local authority**

**b) Does the carer's employer provide or pay for the carer's accommodation?**

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

**Declaration**

I declare that the information provided is correct to the best of my knowledge

Signature

Date

If someone is applying for you they should sign below

Signature

Date

**Please provide a daytime contact telephone number**