



East Ayrshire
COUNCIL
Finance Service

**COUNCIL TAX DISCOUNT APPLICATION
CARE WORKER**

SUBJECT ADDRESS:	
REFERENCE:	

By law the Council Tax payable may be subject to a discount. Adults who meet the undernoted qualifying conditions will be disregarded when counting the number of adults in the property. Discount may be granted for an unlimited period.

QUALIFYING CONDITIONS: CARE WORKER

1. A person who provides care or support for a local authority, charity or their employer for at least 24 hours per week, for which they are paid no more than £44 per week, and resides in the premises provided by the local authority, charity or employer for the better performance of their work.
2. A person who provides care or support, for an average of at least 35 hours per week, to someone in receipt of certain disablement related state benefits and resident in the same house, excluding their partner or a child of theirs aged under 18.

QUALIFYING STATE BENEFITS ARE:

1. A higher rate of attendance allowance;
2. Highest rate of the Care component of Disability Living Allowance;
3. An increased rate of Disablement Pension;
4. An increase in constant Attendance Allowance.

COUNCIL OFFICES
JOHN DICKIE STREET
PO BOX 13
KILMARNOCK, KA1 1BY
TEL: 01563 554400
FAX: 01563 554818

DISCOUNT- CAREWORKER

REFERENCE:

SECTION 1: TO BE COMPLETED BY A LIABLE PERSON

(A) I apply for discount on the basis that (Name): _____

Meets the qualifying condition noted overleaf in paragraph number _____

The number of adults (including the above named) usually residing in the house is: _____

If applying under paragraph 1 please have section 2 completed below and ignore the rest of this section.
If applying under paragraph 2 then please complete the rest of section 1 and ignore section 2.

(B) Name of person cared for: _____

Relationship of above to careworker: _____

If the person cared for is a child of the careworker please provide the child's date of birth ____/____/____.

Average number of hours of care provided per week: _____

The state benefit received by this person is: _____

And I enclose evidence of this e.g. a photocopy of front cover and first page of benefit order book, or a letter of entitlement to the benefit. (see qualifying list on page 1)

SECTION 2: TO BE COMPLETED BY CAREWORKER'S EMPLOYER

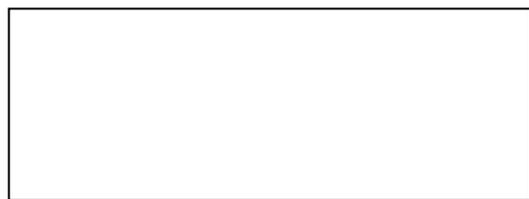
The person named in section 1(A) has been a careworker since ____/____/____

Average number of hours of care provided per week _____ hours

Gross weekly wage: £ _____

I confirm their residence is provided for the better performance of their work.

EMPLOYER'S STAMP



SIGNED: _____

POSITION: _____

DATE: _____

Applicant's Declaration

I declare that the information I have provided on this Application Form is true and complete and authorise East Ayrshire Council to verify the details as necessary. I will notify East Ayrshire Council within 21 days of the Discount no longer being applicable. I understand that failure to notify the Council of this is an offence that may make me liable for a penalty of £50.00.

Signature: _____

Date: ____/____/____

Name: _____
(Please print in block capitals)

Tel: _____
(In case we need to call you)

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