



**REVENUE SERVICES,
HOLT ROAD, CROMER, NORFOLK, NR27 9EN**

For guidance or advice on completing this form
EMAIL ctax@north-norfolk.gov.uk

To receive this form in a different format or language,
please phone 01263 513811



Application for DISCOUNT H CARERS

Qualifying Criteria

To be eligible for a Council Tax discount the following conditions must be met:

The person for whom you are providing care or support must be eligible for at least one of the benefits shown in Part II of the attached form; and

You must reside in the same dwelling as the person for whom you are providing care or support; and

You must be providing care or support for at least an average of 35 hours per week; and

You must be neither the spouse of the person for whom you are providing care or support nor the parent of that person if that person is less than 18 years of age.

Council Tax Reference No

Name and Address of Liable Person

Part I

Please print your name in full	
Where do you live? (this should be the same address as the person for whom you are providing care or support)	
Please give a brief description of the accommodation you occupy	
For whom do you provide care or support?	

What is your relationship to them?	
What is their date of birth? (if under 18 years)	
When do you want the discount to start? (if after 1.4.93)	
How many hours per week, on average, do you provide care or support?	
What care or support do you provide?	

Part II

Applicants Name:	
Name of the person(s) for whom you are providing care or support:	

Please tick the appropriate box(s)

I declare that the person for whom I provide care or support is in receipt of:

- A higher rate of attendance allowance under section 65 of the Social Security Contributions & Benefits Act 1992
- The highest rate of care component of a disability living allowance Under section 72(4) (a) of the Act
- An increase in the rate of their disablement pension under section 104 of the Act
- An increase in a constant attendance allowance under the proviso To article 14 of the Personal Injuries (civilians) Scheme 1983 or Article (1) (b) of the Naval Military & Air Forces etc. (disablement & death) Service Pensions Order 1983 (including that provision as applied, whether with or without modifications, by any other instruments).

I further declare that I provide care or support for at least 35 hours per week to the above person **and I enclose proof of the entitlement(s)**.
(please note proofs can be the letters of entitlement).

Signed Date:

Telephone Number: