

Council Tax Carer Application Form

Please fill in this form and return with the documentary proof and start date we ask for.

Part 1

Full name of the liable person:

Address:

Postcode:

Phone number:

Email:

How many adults over 18 live at this address?

Part 2 About the person to be disregarded

Full name of the person to be disregarded:

Their address:

Postcode:

The relationship to the person being cared for:

Part 3 About the person being cared for

Full name of the person being cared for:

Their date of birth:

Please state the allowance from the list:

Date they started receiving the allowance:

Signature of the liable person:

Date:

Please return this form to Wigan Council, Citizen Support Services, P.O Box 100, Wigan. WN1 3DS

Who will qualify?

Carer

Must live in the same property as the person being cared for and

Provide care for at least 35 hours a week on average and

Not be the partner of the person being care for, or if the person needing care is a child under 18, not to be the child's parents, and

Be caring for someone entitled to:

Higher rate attendance allowance or,

The higher rate care component of disability living allowance or,

An increase in the rate of disablement pension due to the need for constant attendance or,

An increase in constant attendance allowance

You may also qualify if:

You are employed by a charity to care for someone in their home.

You are paid no more than £36 per week

You are employed for at least 24 hours per week

Our address is Wigan Council, Citizen Support Services, PO Box 100, Wigan. WN1 3DS

Our email address is revenues@wigan.gov.uk

Important note: You must send us documentary proof that the person you care for is entitled to one of the benefits listed above and proof of the date their entitlement to the benefit started from. We cannot give you the disregard if you do not provide this evidence.