



Director
Lynn Brown
MA (Hons) CPFA

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Helpline Telephone Number:- 0141-287-5050
Monday to Friday 9.00am - 5.00pm

COUNCIL TAX DISCOUNT: RESIDENT CARER

COUNCIL TAX REFERENCE (If known):

A Council Tax Discount may be due where a person provides care or support to a person resident in the same property.

The qualifying criteria are that the person being cared for:

- Requires care for at least 35 hours a week
- Is in receipt of certain disablement related state benefits (listed overleaf)
- Is not the carer's spouse/partner or child (under 18)

If you wish to apply for discount, please complete the form overleaf, enclose evidence of benefit and return to the address shown above.

Visit our Council Tax website to make an online payment or manage your online account
www.glasgow.gov.uk/counciltax

Glasgow City Council will never telephone you asking for your bank details to refund your Council Tax
Log on to www.glasgow.gov.uk/privacy to find out how we will use your information

DISCOUNT: RESIDENT CARER

Council Tax Reference Number:
Address:

TO BE COMPLETED BY A LIABLE PERSON

I apply for discount on the basis that (NAME) _____

meets the qualifying conditions noted overleaf

The number of adults (including the above named) usually resident in the house is

Name of person cared for: _____

Relationship of above to care worker: _____

If person cared for is a child of the care worker please provide the child's date of birth: ____/____/____

Average number of hours of care provided per week: _____

The qualifying benefit received by the person cared for is (please tick)

- | | |
|--|--|
| <input type="checkbox"/> The highest rate of the care component of Disability Living Allowance | <input type="checkbox"/> A higher rate Attendance Allowance |
| <input type="checkbox"/> An increase in the rate of Disablement Pension | <input type="checkbox"/> The daily living component of Personal Independence Payment at the enhanced rate |
| <input type="checkbox"/> Armed Forces Independence payment | <input type="checkbox"/> An increase in Attendance Allowance under the Personal Injuries (Civilians) Scheme or the Naval, Military and Air Forces etc. (Disablement & Death) Service Pension Order |

I enclose evidence of the Benefit e.g. letter of entitlement.

Please note that payment of Council Tax should not be withheld pending the result of any Exemption/Discount application.

DECLARATION

I declare that the information on this form is true and complete and I authorise Glasgow City Council to verify the details. I will notify within 21 days, any change in circumstances that affect my liability e.g., discount status no longer applies to the person in Section 1, or the number of adults in the house increases.

I understand the failure to provide this information is an offence, which may make me liable to an initial fine of £50 and £200 for each subsequent offence.

Signature of Liable Person _____ Date: ____/____/____

Please supply your daytime telephone number: _____

Please return your completed form to:
Glasgow City Council
PO Box 36
Glasgow G1 1JE
or scan and email to counciltax@fs.glasgow.gov.uk