# COUNCIL TAX

# APPLICATION TO BE DISREGARDED AS A CARER

Account Ref \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_ Property Ref ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Liable Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part A - All applicants must complete Part A**

Name of person PROVIDING care (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person RECEIVING care (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_

Does the person receiving care have a severe mental impairment \_\_\_\_\_\_\_\_\_\_\_\_

Relationship between the people named in 1 & 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average hours of care provided per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date care began ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick which of the qualifying benefit(s) the person receiving care is entitled to and confirm the date it started;

* Higher rate attendance allowance – date started\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Highest rate care component of Disability Living Allowance - date started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Highest rate of Constant Attendance Allowance payable on top of the full rate Disablement benefit paid for an industrial injury - date started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* An increase in Constant Attendance Allowance under industrial injuries or war pensions – date started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The enhanced rate of the daily living component of personal independence payment – date started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The enhanced rate of the daily living component of adult disability payment of the Disability Assistance for Working Age People (Scotland) Regulations 2022 – date started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documentary evidence of this benefit entitlement must be provided**

For a person to be disregarded as a carer, he or she must fulfil the conditions set out in either part (B) or part (C) overleaf:

**Part B (to be completed when the person providing care is NOT employed to do so)**

I **(name of person providing care)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ live in this

dwelling on a permanent basis to provide care and support to (**name of person receiving care)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for at least 35 hours per week. The person receiving care is not my spouse / partner or child under 18 and is also permanently resident in this dwelling.

Ideclare that the information on this application is correct**.** I will notify you immediately of any changes that might affect my Council Tax.

I understand that giving false information is an offence for which a penalty can be imposed and you may check the information with other sources as allowed by the law.

I understand that any information I have provided will be used in the administration of my Council Tax account. You may give information to other parties where the law allows this.

Signed: Date:

**Part C (to be completed when the person providing care IS employed to do so)**

I **(name of person providing care)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ live in this dwelling to provide care and support to (**name of person receiving care)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am employed by a charitable body to provide this service for at least 24 hours per week. I earn less than £44.00 per week.

**Documentary evidence of earnings must be provided**

**Employers Declaration**

I declare that the above named person is employed to provide care or support to another person, and that he or she is under a contract of employment which fulfils the conditions set out in Paragraph 9 of Schedule 1 to the Local Government Finance Act 1992. This body is established for charitable purposes only.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No. & Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of (Name and Address of Charitable Body). Employers stamp.

For further information or advice please contact:

Dumfries and Galloway Council, Enabling and Customer Services, Local Taxation Team, PO Box 9089, Dumfries, DG1 9EB

Telephone number 030 33 33 3005, Email Council.Tax@dumgal.gov.uk or visit our website  [www.dumgal.gov.uk/counciltax](http://www.dumgal.gov.uk/counciltax)

**Now hand this form into your nearest Council Customer Service Centre, post or email it using details the above details.**

The Data Controller of the personal information being collected and processed is **Dumfries and Galloway Council**. This privacy notice will inform you why we collect your personal data, how long we will keep your data, the intended processing of your data and any other information that will make the processing of your data fair, lawful and transparent. Should the Council intend to process your data for another reason, which is not specified in this notice, or for statutory functions; the Council will contact you to provide information.

**Dumfries and Galloway Council Contact Details:**

Address: Dumfries and Galloway Council, Council Headquarters, English Street, DG1 2DD

Email: contact@dumgal.gov.uk

Telephone: 0303 333 3000

**Data Protection Officer’s Contact Details:**

Address: Data Protection Officer, Dumfries and Galloway Council, Council Headquarters, English Street, DG1 2DD

Email: dataprotection@dumgal.gov.uk

Telephone: 01387 260315

Dumfries and Galloway Council are collecting your data to allow us to administer and collect Council Tax.

The Council need to collect your name, your address and the names of any other adult residents of your address.

The legal basis for collecting your data is that we have a legal obligation under the Local Government Finance Act 1992 to administer and collect Council Tax. As the data we collect is a statutory requirement, if you do not provide your personal details your liability for Council Tax may be incorrect.

The Council may, based on your circumstances, collect data concerning your health. This allows us to assess disregards and/or reductions to which you may be entitled. The legal basis for processing this data is that it is necessary for reasons of substantial public interest as we have a duty to protect public funds and ensure disregards/reductions are applied correctly.

Your information may be sharedinternally with other Council Departments, externallywith other local authorities, externally with organisations responsible for auditing the Council, externally with Credit Reference Agencies, externally with the Department for Work and Pensions. We share this information to allow us to ensure your liability for Council Tax is correct and to enable collection of Council Tax. Your data will be stored in accordance with Council Tax recovery procedures, and for a minimum of 7 years.To keep your data secure, it will be held on a password-protected network; with access restricted to staff that have a business need to access your data.

You have the:

* Right to be informed
* Right to access
* Right not to be subject to automated individual decision-making, including profiling
* Right to object or restrict processing
* Right to data portability
* Rights to correction and deletion

You have a responsibility to contact Dumfries and Galloway Council to update your information if it changes.

Should you wish to lodge a complaint, provided are the details of the supervisory authority; the Information Commissioner’s Office (ICO):

Address: Information Commissioner’s Officer, Wycliffe House, Water Lane. Wilmslow, Cheshire

Telephone: 0303 123 1113