

**Council Tax  
Care Worker Discount Application  
Form**



In terms of schedule 11 of the Local Government Finance Act 1992, and the Council Tax (Discounts) Scotland Order 1992 (as amended), a discount may be awarded if an occupier of a dwelling house is a care worker who meets the following qualifying conditions as detailed below. Should you require further assistance please contact Revenues and Benefits on 01475 712961.

[www.inverclyde.gov.uk/council-and-government/council-tax](http://www.inverclyde.gov.uk/council-and-government/council-tax)

Council Tax account no: .....

**Qualifying Conditions**

- A. A person who provides care or support on behalf of a local authority or charity for at least 24 hours per week, for which they are paid no more than £36 per week, and resides in premises provided by the local authority or charity for the better performance of their work.
- B. A person who provides care or support to their employer, to whom they were referred by a charity, for at least 24 hours per week, for which they are paid no more than £44 per week, and reside in premises provided by their employer for the better performance of their work.
- C. A person who provides care or support, for an average of at least 35 hours per week, to someone in receipt of certain disablement benefits and resident in the same house, excluding their spouse/ partner or a child of theirs under age 18.

**Details of Person making the claim**

Name ..... Home Telephone Number.....  
Address ..... Mobile Number .....  
..... Email Address .....  
Post Code .....  
Number of Adults usually resident in the property (including the care worker) .....

**Details of Care Worker**

Name .....  
Qualifying condition met as detailed above (Please indicate A, B or C) .....

**Details of Person receiving care**

Name ..... Relationship to carer .....  
Average Number of hours of care provided each week ..... hours  
If the person cared for is a child of the care worker, please provide the child's date of birth .....  
Address at which care is being provided  
.....  
State Benefit received by the cared person ..... (please provide evidence of this e.g. photocopy of letter of entitlement)

**To be completed by Care Worker's Employer**

Employer's Name .....

Employer's Address .....

.....

Post Code .....

Gross Weekly wage .....

Average number of care hours each week .....

Signed.....

Date .....

Position .....

Employer's Stamp

The information I have given is true and accurate and I undertake to inform you immediately if my circumstances change. I understand that if I give false information I may be liable for a fine of up to £200. I understand that a representative of Inverclyde Council may inspect the property at any time during the period of the claim.

Signed..... Date.....

**Please return completed forms along with evidence to:**

**Revenues Services, Inverclyde Council, PO Box 9467, Greenock, Inverclyde, PA15 1JD**

**or emailed to: [council.tax @inverclyde.gov.uk](mailto:council.tax@inverclyde.gov.uk)**

**Data Protection** – We are asking for the following information in accordance with the provisions of the Council Tax (Administration and Enforcement) (Scotland) Regulations 1992 and the Data Protection Act 1998. We will use this information to help us determine your liability for, and to collect your Council Tax. Information given on this form may be held electronically and may be shared for Council Tax purposes. We may also share this information with other Council Services, Local Authorities, Government Departments and other bodies responsible for auditing or administrating public funds. We will not give information to anyone else, or use information about you for other purposes, unless the law allows us to.