



## Residential Care Workers Discount Form

Please read the attached notes before completing this form. Please use BLOCK CAPITALS and black ink.

**PART 1: APPLICANT** The form must be completed by the person who is liable to pay Council Tax.

Council Tax Reference Number:

.....

Applicant's Name:

.....

Address:

.....

Home Phone Number	Mobile Phone Number	E-mail Address

**PART 2: RESIDENTIAL CARE WORKERS NAME** - The dwelling must be his/her sole/main residence

**PART 3:** How many residents of the property will be aged 18 or over by next April? .....

**WARNING: IF YOU GIVE FALSE INFORMATION, YOU COULD BE PROSECUTED**

**Declaration:** I declare that the information given above is to the best of my knowledge true, accurate and complete. I undertake to notify you should any of the above information on this form change within 21 days of the change occurring, otherwise I may face penalty of £50.

Signature of Applicant: ..... Date: .....

## Residential Care Workers Discount Form

### PART 4: CERTIFICATE TO BE COMPLETED BY EMPLOYER

Please enter below the information requested including details of the last four weeks or two months earnings.

Full Name of Employer:				
Residential Address of employee:				
Week/Month Ended	1	2	3	4
Gross Pay				
Normal weekly Hours worked	Date Employment Commenced			
	Employees National Insurance No.			

Does the above reside in premises provided by you (see notes (d) ) Yes .... No .....

Name and Address of Employer	Employers Official Stamp

I declare that the above named person is employed by me and that the information given by me is to the best of my knowledge and belief, true, accurate and complete.

Signed: ..... Position Held: ..... Date: .....



## Residential Care Workers Discount Form

**PART 5:** Declaration to be completed by charity introducing care worker to care recipient.

Name of Care Worker	Name of Care Recipient

Name and Address of Charity	Charity's Official Stamp	

I hereby certify that the above named care worker was introduced to the care recipient by this organization.

Signed: ..... Position Held: ..... Date: .....

**You can hand this form in at our One Stop Shop, e-mail or post it to this address.  
Revenues & Benefits Section, P.O Box 30, Town hall, Lancaster Rd, Preston  
PR1 2GD**

E-mail: [ctax@preston.gov.uk](mailto:ctax@preston.gov.uk) Web: [www.preston.gov.uk](http://www.preston.gov.uk)

Preston City Council will use your information for Council Tax purposes and in a manner compatible with the Data Protection Act.

Any disclosure or sharing of information will only take place where required or permitted by law.

For further information visit [www.preston.gov.uk](http://www.preston.gov.uk)



**Preston**  
City Council

## Residential Care Workers Discount Form

### NOTES

To be considered for a discount, the person who is the Residential Care Worker must provide care or support or both to another person or persons and the following conditions must be fulfilled.

- a. The care workers employers must be:
  - (i) A Public Authority
  - (ii) A Charity or
  - (iii) The person receiving care or support and introduced to the care recipient by a body established for charitable purposes only.
- b. Gross wages or salary paid to the care worker must not exceed £44.00 per week.
- c. The person is required to work as a carer for at least 24 hours in each week.
- d. The person must be resident in premises provided by his/her employer for the better performance of his/her duties.

Before a discount can be granted, the applicant must provide the information in Parts 1 to 3. Part 4 should be completed by his/her employer and if the employer is the person receiving cares, Part 5 should also be completed by the charity who introduced the care worker to the employer. The completed form should be returned as soon as possible.