



Comhairle nan Eilean Siar

Sandwick Rd, Stornoway, HS1 2BW

Telephone: 01851 600502

COUNCIL TAX –DISREGARD FOR PERSON PROVIDING CARE

Council Tax Ref. No. (if known)	
Address of property where care is being provided	

Carers living with the person for whom they are providing the care may be disregarded for the purposes of calculating Council Tax discount. Carers will not be disregarded if they are caring for their spouse, partner (including civil partnerships) or dependent under 18 years old.

1. Details of person providing care

Name _____

Date care provided from ____/____/____

In what capacity are you providing care (please tick (a) or (b) below):

(a) ☐

I provide care for at least 35 hours a week and the person receiving care is in receipt of one or more of the following benefits (please tick all that apply):-

Higher rate of Attendance Allowance

Higher Rate of the Care component of a Disability Living Allowance

Higher Rate of the Daily Living component of a Personal Independence Payment

Higher Rate of the Daily Living component of Adult Disability Payment

Increased Disablement Pension

Please provide evidence of benefit(s) received - e.g., letter from Department of work & Pensions (DWP) or Social Security Scotland

(b) ☐

I provide care and/or support for at least 24 hours a week on behalf of a local authority, charity or other organisation OR am employed by the person receiving the care and receive no more than £44.00 per week by way of remuneration.

Is the person you are caring for your spouse, partner or dependent under 18 years of age?

Yes ☐

No ☐

If yes, please explain _____

(please continue overleaf)

2. Details of person receiving care

Name _____

(a) I confirm that I am receiving one or more of the following benefits (please tick all that apply):-

Higher rate of Attendance Allowance

Higher Rate of the Care component of a Disability Living Allowance

Higher Rate of the Daily Living component of a Personal Independence Payment

Higher Rate of the Daily Living component of Adult Disability Payment

Increased Disablement Pension

Please provide evidence of benefit(s) received - e.g., letter from Department of work & Pensions (DWP) or Social Security Scotland

3. Property occupancy details - Please give details of ALL the people living at the property who are over 18 years old or who will become 18 within the next 12 months including those detailed above.

Name	Date of birth if under 18	Date moved in	Previous Address (if moved in within the last 12 months)	Relationship to liable party

Additional Information

The particulars shown on this form are true, accurate and complete to the best of my knowledge. Any changes in circumstance that may affect Council Tax liability will be notified to Comhairle nan Eilean Siar immediately.

(By law the person liable to pay Council Tax is obliged to inform the Comhairle of any change in circumstances which may affect the charge.)

Signed _____ Date ____/____/____

Name _____ phone _____

mobile _____
(In case we need to contact you)

Email Address _____

Forms can be returned by mail to the address shown above or scanned and returned by email to counciltax@cne-siar.gov.uk

This authority is required by law to protect the public funds it administers. It may share information provided to it with other bodies responsible for auditing or administering public funds, in order to prevent and detect fraud.

More information can be found at <https://www.cne-siar.gov.uk/your-council/data-protection/>