



**Executive Director of
Financial Services**

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Postal Address:-
Financial Services
PO Box 36 Glasgow
G1 1JE

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

TO BE COMPLETED BY A LIABLE PERSON

Address Of Property-
(Include Flat Position).

Council Tax
Reference Number.

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:

____/____/____

Care has been continuously in place since this date:

____/____/____

Average number of hours of care provided per week:

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

☐

The highest rate of the care component of
Disability Living Allowance

☐

A higher rate Attendance Allowance

☐

An increase in the rate of Disablement
Pension

☐

The daily living component of Personal Independence
Payment at the enhanced rate

☐

Armed Forces Independence payment

☐

An increase in Attendance Allowance under the Personal
Injuries (Civilians) Scheme or the Naval, Military and Air
Forces etc. (Disablement & Death) Service Pension Order

☐

The enhanced rate of the daily living
component of Adult Disability Payment

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