

Local Taxation Services
 Southampton City Council
 Civic Centre
 Southampton
 SO14 7LY
 Direct Dial: 023 8083 3009
 Email council.tax@southampton.gov.uk



Council Tax Discount - Unpaid Care workers

Name:

Account Number:

Address:

The person(s) providing the care should complete the details below

1. Please provide your full name(s): _____

2. Do you reside at the property to provide care?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
If YES, on what date did you start providing care here?	
<input type="text"/>	

3. Please give details of the person for whom you provide care:

Full Name	Date of Birth	NI Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Is the person for whom you care, a spouse or partner, or, a son or daughter who is under 18?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

5. Which of the following allowances are they entitled to? *(please tick)*

an attendance allowance	<input type="checkbox"/>
highest or middle rate care component of disability living allowance	<input type="checkbox"/>
highest rate of disablement pension	<input type="checkbox"/>
an increase in a constant attendance allowance	<input type="checkbox"/>
Standard or enhanced rate of the daily living component of personal independence payment (PIP).	<input type="checkbox"/>

6. For how many hours a week (on average) do you provide care?

7. If there is more than one carer please state how many hours care a week each carer provides

8. Have you got your own home elsewhere in Southampton? YES
NO

If YES, please provide the full address: _____

And state if the home is occupied or unoccupied OCCUPIED
UNOCCUPIED

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DECLARATION

I declare that the information I have given on the form is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please also sign the declaration below to authorise me to contact the Benefit Agency to confirm that the allowances mentioned above have been granted.

Privacy statement

Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided.

In performing this service, the Council may be required to share your information with other organisations or departments, but it will only do so when it is necessary in order for the service to be provided.

The Council may also share your personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share your personal information, or use it for this, or any other purpose, unless provided for by law.

More detailed information about the Council's handling of your personal data can be found in its privacy policy, available online (<http://www.southampton.gov.uk/privacy>), or on request.

Council Tax Discount

I authorise the Council Tax Billing office of Southampton City Council to contact the Benefits Agency or the Department of Work and Pensions to confirm which allowances have been granted.

Name of person receiving care: _____

Property address: _____

Signature: _____ **Date:** _____

Return this form to: Local Taxation Services, Southampton City Council, Civic Centre, Southampton SO14 7LY.

Tel: 023 8083 3009

You must notify this office of any changes in circumstances that may affect the Council Tax bills in the household where you reside.