

Name and Address

Date of Issue

Property Reference Number

APPLICATION FOR A COUNCIL TAX DISCOUNT FOR CARE WORKERS

<u>CONDITION A</u>
<p>A person who is providing care and/or support to another person(s) and:</p> <ul style="list-style-type: none"> • is providing the care on behalf of a relevant body, or • is employed by the person but was introduced by a relevant body, and • provides the care for at least 24 hours a week, • is paid less than £36.00 a week, and • lives in accommodation provided by the relevant body or the person's employer for the better performance of his work.

or

<u>CONDITION B</u>
<p>A person who is providing care to another person(s) who is/are entitled to one of the following:</p> <ul style="list-style-type: none"> - a higher rate attendance allowance, - the highest rate of the care component of a disability living allowance, - increased disablement pension, - increased constant attendance allowance, <p>and</p> <ul style="list-style-type: none"> • lives in the same dwelling, and • provides care for at least 35 hours a week, and • is not the spouse of the person, and • if the person is under 18 years of age, the carer is not the parent of the person.

DOCUMENTARY EVIDENCE IS REQUIRED IN SUPPORT OF THE CLAIM.

Name of person receiving care	
Date of Birth	
How many persons over the age of 18 years have their main residence in the dwelling?	
Name of Carer(s) and relationship to person receiving care	
Name & Address of Carer's Employer (if different from Applicant)	
Date of Commencement of Care	
Please state whether Condition A or Condition B applies to the Carer	

THE DECLARATION MUST BE SIGNED BY THE CLAIMANT

DECLARATION: I declare that the details stated above are true and accurate to the best of my knowledge and belief and I undertake to notify Conwy County Borough Council immediately of any subsequent changes in circumstances which are likely to affect this application.

Signature _____ Date _____

Enw a Chyfeiriad

Dyddiad Anfon

Rhif yr Eiddo

CAIS AM OSTYNGIAD YN NHRETH Y CYNGOR I WEITHWYR GOFAL

AMOD A

Rhywun sy'n darparu gofal a/neu gefnogaeth i unigolyn arall/unigolion eraill ac sydd:

- yn darparu gofal ar ran corff perthnasol, neu
- yn cael ei gyflogi gan yr unigolyn ond wedi ei gyflwyno/chyflwyno gan gorff perthnasol, ac
- yn darparu gofal am o leiaf 24 awr yr wythnos
- yn cael llai na £36.00 yr wythnos o dâl, ac
- yn byw mewn eiddo a ddarparwyd gan y corff perthnasol neu gyflogydd yr unigolyn er mwyn perfformio ei waith yn well;

neu

AMOD B

Rhywun sy'n darparu gofal i unigolyn arall/unigolion eraill a bod hwnnw/honno/rheiny â hawl i gael un o'r dilynol:

- lwfans gweini ar lefel uwch
- cyfradd uchaf yr elfen ofal o lwfans byw i bobl anabl,
- pensiwn anabledl uwch,
- lwfans gweini cyson uwch,

ac sydd

- yn byw yn yr un cartref, ac
- yn darparu gofal am o leiaf 35 awr yr wythnos, ac
- nad yw'n briod â'r unigolyn, ac
- os yw'r unigolyn dan 18 oed, nad yw'r gofalydd yn rhiant i'r unigolyn;

MAE ANGEN TYSTIOLAETH DDOGFENNOL I GEFNOGI'R CAIS

Enw'r un sy'n derbyn gofal	
Dyddiad Geni	
Sawl unigolyn dros 18 oed sydd â'i brif gartref yn yr eiddo?	
Enw'r Gofalydd/Gofalwyr a pherthynas â'r un sy'n derbyn gofal	
Enw a Chyfeiriad Cyflogydd y Gofalydd (os yn wahanol i'r Ymgeisydd)	
Dyddiad Dechrau Gofal	
Nodwch os mai Amod A neu Amod B sy'n berthnasol i'r Gofalydd	

RHAID I'R DATGANIAD HWN GAEL EI LOFNODI GAN YR UN SY'N HAWLIO

DATGANIAD: Rwy'n datgan fod y manylion a roddwyd uchod yn wir a chywir hyd eithaf fy ngwybodaeth a'm cred a rhoddaf wybod i Gyngor Bwrdeistref Sirol Conwy ar unwaith am unrhyw newidiadau mewn amgylchiadau yn y dyfodol sy'n debygol o effeithio ar y cais hwn.

Llofnod _____

Dyddiad _____