



**Moray Council
TAXATION SERVICES
Council Tax
Carer (Full Time) Discount Application Form**

Name.....

Address.....

.....

.....

..... Postcode.....

Office use only

Account number.....

Date of issue.....

Please return by.....

Introduction

If a carer lives with you and provides full-time care for a household member, there may be an entitlement to an award of up to 50% Council Tax discount.

Qualification

Qualification for an award of Carer (Full Time) discount is dependent on the carer:

- being resident in the home where they are providing care;
- **NOT** be the spouse of the person receiving care;
- **NOT** be the parent if the person receiving care is under 18;
- providing care for more than **35 hours** per week.

Note: The person receiving care **must** receive one of the state benefits listed in **Part 3** of this form. If that person is not receiving one of these benefits, you will not qualify for this discount and you should not continue to fill in this form.

Completion Instructions

If you think that you may qualify for discount, please complete this form in BLOCK CAPITALS and black ink.

Parts 1 and 4 should be filled in by the **Council Tax payer**

Parts 2 and 3 should be filled in by the **full-time carer**.

For further information or help in completing this form please telephone **(01343) 563456**.

All information given will be treated in the strictest confidence.

Part 1: Occupancy Details

Council Tax account number

Do any of these people fall into any of the following categories? (Please '✓' the relevant box)

Are you the only adult occupant?
(Please '✓' the relevant box)

Yes

☐

No

☐

Students

☐

Severely
Mentally
Impaired

☐

Apprentices

☐

YTT Skill
Seekers

☐

If '**No**', state how many ADULTS live with you

Please state their names below:

Student
Nurses

☐

Care Workers

☐

.....

.....

Part 2: Full Time Carer's Details

Carer's full name

Address

.....Postcode.....Telephone.....

Name of person(s) in your care.....

Person in your care's date of birth.....

Date from which you are claiming discount.....

What is the relationship to the person in your care
(e.g. sister, niece *etc.*)

Part 3: Person Being Cared For

Please indicate by placing a tick (✓) in the relevant box which states the benefit the person in receipt of care is currently receiving.

Attendance Allowance (Higher Rate) ☐

Disability Living Allowance Care Component (Higher Rate) ☐

Increase in Constant Attendance Allowance ☐

An increase in the rate of Disablement Pension ☐

Please enclose evidence of the benefit in payment when you return this form.

Part 4: Declaration

I declare that the information on this application is true and correct. I authorise the council to make any necessary enquiries to check the information given on this application, including cross checking details with other council services and external organisations. I undertake to inform you of any change in circumstances as soon as it occurs. I understand that if I give information that is incorrect or incomplete or fail to report changes in circumstances, I may be prosecuted.

Signature Date

Print Name Telephone

Email Mobile

Moray Council is the data controller for this process. The information provided by you for the purposes of determining Council Tax liability will be stored by us in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018. The information that we hold must be accurate, up to date, and kept only for as long as necessary. It is shared only where we are legally obliged to do so. You may refer to our published Council Tax Privacy Notice for more information. It can be found at <http://www.moray.gov.uk/downloads/file123143.pdf>

Please return this form to: **Moray Council, Taxation Services, High Street, Elgin, IV30 1BX.**

If you require any further information regarding this form, please contact us by:

Telephone: **01343 563456** Email: **ctaxforms@moray.gov.uk** Website: www.moray.gov.uk