



**Council Tax**

Property No .....

Name .....  
 Address .....  
 .....  
 ..... Postcode .....

Reference Number .....  
 Issue Date .....  
 Return By Date .....

**Application for Household Discount**

**Information**

Your Council Tax Bill is worked out on the basis of two adults (i.e. a person aged 18 years or over) living in the household. You may qualify for Discount if any adult who is resident in the household falls into one of the categories below:-

- If only one adult lives in the household a Discount of 25% may be given.
- If only one adult lives in the household but also falls into one of the disregard categories shown overleaf a Discount of 50% may be given.
- If more than one adult lives in the household and all but one falls into a disregard category a Discount of 25% may be given.
- If more than one adult lives in the household and all fall into a disregard category a Discount of 50% may be given.

Any application for Discount must be made by the person who is liable to pay the Council Tax for your property. If you wish to apply for Discount, please complete this form (parts 1, 2 and 3) in BLOCK CAPITALS (using black ink) and return it to the address detailed overleaf.

**Part 1**

Date from which you are claiming discount, i.e. when your circumstances changed

Day	Month	Year

Reason for claiming discount

Please tick relevant box(es) below

- a) I have moved into the property and I am the only person aged 18 or over
- b) As a result of bereavement I am the sole occupant aged 18 or over
- c) An adult living in the property falls into one of the disregarded categories overleaf
- d) A resident has moved out (permanently), details of which are shown below

Full name of person who has moved out	New address including Postcode	Date moved out	Reason for moving out eg. Separation, Work-related, travelling etc.

**Note:** Failure to answer this section in full, will delay your application being processed.

**Part 2**

Please list below all people (aged 17 & over) normally resident in the household including yourself and anyone currently living elsewhere, eg anyone living and working/studying away from home etc. Also tick any of the disregarded categories below that apply. If more than 3 persons are resident in your household please tell us on a separate sheet of paper.

	Person 1	Person 2	Person 3
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>

DISREGARD CATEGORIES

Apprentice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer for household members only (not spouse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient in a home/hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person in respect of whom Child Benefit is payable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person in detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School leaver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severely mentally impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Evidence will be required to support your claim**

**Part 3**

**DECLARATION BY APPLICANT**

I declare that the information I have given on this form is correct and complete to the best of my knowledge. I will undertake to inform the Council of any change in my circumstances as soon as the change occurs. I authorise the Council to make any necessary enquiries to verify the information given on this form.

Signature ..... Date .....  
 Print Name ..... Telephone No. ....  
 Email ..... Mobile Telephone No. ....

**Any information you provide will be used and retained on computer by this Authority, and will be shared with other government bodies, including Scottish Water, in accordance with the Data Protection Act 1998.**

**Please return this form to:** Aberdeenshire Council, PO Box 18533, Inverurie, AB51 5WX

If you wish further information regarding this form or any other Council Tax query, please contact us by:

**Telephone:** 08456 08 12 01      **Email:** council.tax@aberdeenshire.gov.uk      **Visit our website:** www.aberdeenshire.gov.uk/counciltax