

**Council Tax**

Property No .....

Name .....

Address .....

.....

.....

..... Postcode .....

Reference Number .....

Issue Date .....

Return By Date .....

**Carer Enquiry Form**

**Information**

**If a carer lives in your home to provide care for a household member, we may be able to give you a discount on your Council Tax Bill. To find out if you qualify for a discount we need to ask some questions about the carer. Please read the undernoted carefully.**

If the carer is full-time, they must satisfy the following conditions:

- be resident in the home where they are providing care
- must **NOT** be the spouse of the cared for person or the parent where the cared for person is under 18
- must provide care for more than 35 hours per week
- the cared for person must be in receipt of (or have an underlying entitlement to) one of the state benefits listed in **Part 2**, overleaf.

**How to complete the form**

If you feel that a member of your household meets the conditions of the full-time carer, as noted above, we need to find out more details about that person. There are three parts to this form.

**Parts 1 and 2** should be filled in by the **full-time carer**

**Part 3** should be signed by you as the **liable person** (the person to whom the Council Tax Bill is sent)

Please use BLOCK CAPITALS when filling in the form.

**Part 1 FULL TIME CARER'S DETAILS**

Carer's full name .....

Address .....

..... Telephone No. ....

Name of person(s) being cared for ..... Date of Birth .....

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

Is the cared for person severely mentally impaired? Tick as appropriate Yes  No

What is the relationship to the person receiving care, if any? .....  
(i.e. sister, niece etc)

**Part 2 PERSON BEING CARE FOR**

Is the person in your care in receipt of any of the following benefits?

Please tick the appropriate box.

Attendance Allowance (Higher Rate)

Disability Living Allowance Care Component (Higher Rate)

Increase in Constant Attendance Allowance

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

If the person you are caring for is not in receipt of any of these benefits you may still complete and return this form.

**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