

Council Tax Application for Carer Discount

	Proper	ty no.					
Reference r	no.						
Issue Date			DD	/ MN	1 / Y	/YY	
Return by date			DD	/ MN	1 / Y	/ΥΥ	

INFORMATION

Postcode

Name

Address

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.

The carer must be full-time and they must satisfy the following conditions:

- be resident in the home where they are providing care and/or support
- must NOT be the spouse/partner of the cared for person or the parent where the cared for person is under 18
- must provide care and/or support for more than 35 hours per week
- the cared for person **must be in receipt of** one of the state benefits listed below.

PART 1 PERSON BEING CARED FOR						
You must provide documentary evidence from the earliest date possible of all state Benefits the cared for person receives in accordance with the box(es) ticked below and return this with your completed application form. Please tick appropriate box:						
Attendance Allowance (Higher Rate)						
Disability Living Allowance - Care Component (Higher Rate)						
Increase in Constant Attendance Allowance						
Increase in the rate of Disablement Pension						
Personal Independence Payment (PIP) - Enhanced Daily Living Component						
Adult Disability Payment (Enhanced Rate Daily Living Component)						

PART 2 FULL TIME CARER'S DETAILS							
Carer's full name							
Address							
		Postcode					
Telephone No.							
Full name of person(s) being cared for							
Date of Birth	DD/MM/YYYY						
Date from which you are claiming discount	DD / MM / YYYY						
What is your relationship to the person receiving care, if any? (i.e. sister, niece, etc)							
PART 3 DECLARATION I confirm that the information provided by me on this form is both accurate and complete and I undertake to notify the Council immediately of any change in my circumstances which may affect my liability for Council Tax. I understand the Council may make whatever enquiries it considers necessary to verify the information provided by me on this form.							
Signature	Date	DD / MM / YYYY					
Print Name	Telephone No.						
Email	Mobile No.						
Information provided by you for the purposes of determining Council Tax liability, will be used and stored by Aberdeenshire Council in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018. Please refer to our Council Tax Privacy Notice for more information, which can be found at www.aberdeenshire.gov.uk/online/legal-notices/data-protection/service-specific-privacy-notices/							
Please return this form to: Aberdeenshire Council, PO Box 18533, Inverurie, AB51 5WX							

If you require help completing this form or further information regarding Council Tax, contact us by:

Telephone

Email

Visit out Website

03456 08 12 01

council.tax@aberdeenshire.gov.uk

www.aberdeeshire.gov.uk/counciltax