



# Revenues Section - Council Tax Carer (Full Time) Application Form

Name .....

Address .....

.....

..... Postcode .....

Office use Only

Reference Number: .....

Date of Issue: .....

Please return by: .....

Enq Id: .....

Document Type: CTCE .....

## Information

If a carer lives in your home to provide care for a household member on a full time basis, we may be able to give you a discount on your Council Tax bill.

To qualify for discount the full time carer must:

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

**Note:** If the cared for person is not in receipt of one of the state benefits listed in **Part 3**, overleaf, you will not qualify for this discount and should not continue to fill in this form.

## How to complete the form

If you feel that an adult resident in your property meets the conditions noted above, please complete the four parts of this form using BLOCK CAPITALS and **black ink**.

**Part 1** should be filled in by the **liable person** (the person named on the bill).

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

**Part 4** should be filled in by the **liable person**.

If you would like any further information or help in completing this form, please telephone **(01343) 563456**.

**Any information given will be treated in the strictest confidence.**

## Part 1 Occupancy Details

Council Tax account number

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

Are you the only adult occupant? Yes  No

If not, please state the number of **ADULTS** who live with you  and give their **FULL NAMES** below.

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.....

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Students <input type="checkbox"/>	Severely Mentally Impaired <input type="checkbox"/>
Apprentices <input type="checkbox"/>	YTT (YTS, Skill Seekers) <input type="checkbox"/>
Student Nurses <input type="checkbox"/>	Care Workers <input type="checkbox"/>

**Part 2 Full Time Carer's Details**

Carer's full name .....  
Address .....  
..... Telephone No. ....  
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, if any? .....  
(i.e. sister, niece etc)

**Part 3 Person Being Cared For**

If the person in your care is in receipt of any of the following benefits, please tick the appropriate box.

Attendance Allowance (Higher Rate)	<input type="checkbox"/>
Disability Living Allowance Care Component (Higher Rate)	<input type="checkbox"/>
Increase in Constant Attendance Allowance	<input type="checkbox"/>
An increase in the rate of Disablement Pension	<input type="checkbox"/>

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

**Part 4 Declaration By Applicant**

I declare that the information on this application is true and correct. The Council will verify information on this form with other sources as allowed by law. I undertake to inform you of any change in 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 No. ....

**Any information you provide will be used and retained on computer by the Authority, in accordance with the Data Protection Act 1998.**

Please return this form to: **The Moray Council, Revenues Section, High Street, Elgin, IV30 1BX.**  
If you wish further information regarding this form or any other Council Tax query, please contact us by:  
Telephone: **01343 563456** Email: **revenues@moray.gov.uk** Visit our website: **www.moray.gov.uk**