



# Revenues Section - Council Tax Carer (Voluntary) Application Form

Name .....

Address .....

.....

..... Postcode .....

Office use Only

Reference Number: .....

Date of Issue: .....

Please return by: .....

Enq Id: .....

Document Type: CTCEV .....

## Information

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

To qualify for discount the voluntary carer must:

- be resident in the home where they are providing care or resident in a property which has been provided for the better performance of their work.
- **NOT** earn more than **£44.00** gross (before deductions) per week.
- provide care for more than **24 hours** per week.
- have been introduced to the cared for person by a local authority/charitable organisation.

## 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).

**Part 2** should be filled in by the **voluntary carer**.

**Part 3** should be filled in by the **organisation** (with which the voluntary carer is registered).

**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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.....

.....

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****Voluntary Carer's Details**

Carer's full name .....

Address .....

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

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

When did you start providing care for the person .....

**Please sign the authorisation below, so the organisation you are representing can complete Part 3.**

I authorise the organisation I represent to give the information requested below.

Signed ..... Date .....

**Part 3****Local Authority or Charitable Organisation Details**

The person named above claims to be working as a carer for you. Please answer the following questions and then return this form to the carer.

The name and address of your organisation .....

.....

.....

The date that the carer began providing care for the person named above .....

Signed .....

Position .....

Date .....

**Official Stamp**

Please state a contact name and telephone number should we require further information.

Name ..... Telephone No. ....

**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**