



Revenues Section - Council Tax

Household Discount Application Form

Name

Address

.....

..... Postcode

Office use Only
Reference Number:
Date of Issue:
Please return by:
Enq Id:
Document Type: CTDP

Information

Your Council Tax bill is based on two adults (i.e. a person aged 18 years or over) living in the property. You may qualify for discount if any adult resident in the property falls into one of the categories below:

- If only **one adult** lives in the property a **discount of 25%** may be given.
- If only **one adult** lives in the property but also falls into one of the **disregard categories** (which are listed overleaf), a **discount of 50%** may be given.
- If **more than one adult** lives in the property and **all but one falls into a disregard category** (which are listed overleaf), a **discount of 25%** may be given.
- If **more than one adult** lives in the property and **all fall into a disregard category** (which are listed overleaf), a **discount of 50%** may be given.

How to complete this form

If you feel that your property meets one of the conditions noted above, the **liable person** (the person named on the bill) should complete the three parts of this form using BLOCK CAPITALS and **black ink**.

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 Information

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

Day	Month	Year

Council Tax account number

Please answer the following questions by ticking the appropriate boxes below:

- a) Are you the sole adult resident in the property Yes No
- b) Do you or any of the adults living in the property fall into one of the disregard categories overleaf? Yes No
- c) Has any resident moved out? (If yes, complete the boxes below and indicate if the move is permanent) Yes No

Full name of person who has moved out	New address including postcode	Date moved out	Permanent Yes / No

Please give the reason for the resident moving out, when the move is not permanent.

.....

Part 2**Occupancy Details**

Please list below all people (aged 17 and over) normally resident in the property (including yourself) and tick any of the disregard categories below that apply. If more than 4 persons are resident in your property, please inform us of their details on a separate sheet of paper.

	Person 1	Person 2	Person 3	Person 4
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DISREGARD CATEGORIES

Apprentice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient in a home / hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person in receipt of Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School leaver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severely mentally impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Training Trainee / Skill Seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident in a Hostel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person in Detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of a Religious Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We may need to contact you for evidence to support inclusion in a disregard category.

Part 3**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**