



**Moray Council
TAXATION SERVICES
Council Tax
Household Discount Application Form**

Name.....
 Address.....

 Postcode.....

Office use only

Account number.....
 Date of issue.....
 Please return by.....

Introduction

The status of a household's occupants may mean there is a Council Tax discount entitlement.

Qualification

The following categories of occupancy may result in entitlement to discount. If the household is:

- **one resident adult**, there may be entitlement to **25% discount**;
- **one resident adult** who also falls into one of the disregard categories listed overleaf, there may be entitlement to **50% discount**;
- **more than one resident adult**, all but one falls into a disregard category listed overleaf, there may be entitlement to **25% discount**;
- **more than one resident adult** whom all fall into disregard category(s) listed overleaf, there may be entitlement to **50% discount**.

Completion Instructions

If you think that you may qualify for a discount, please complete this form in BLOCK CAPITALS and **black ink**. For further information or help in completing this form telephone **(01343) 563456**.

Any information given will be treated in the strictest confidence.

Part 1: Occupancy Information

Date from which you claim discount (e.g. when your circumstances changed)

Day	Month	Year

Council Tax account number

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

a) if your discount application follows a recent bereavement, please tick '✓' this box, and then go directly to **Part 2 'Occupancy Details'** of this form.

b) Are you the **sole adult resident** in the property? Yes No

c) Do you or any of the adults living in the property fall into one of the **disregard categories** overleaf? Yes No

d) 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	Their new address	Date moved out	Permanent Yes/No

If the move is not permanent, please give the reason for the resident(s) moving out

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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 style="width: 100%; height: 30px;" type="text"/>			
Forename	<input style="width: 100%; height: 30px;" type="text"/>			
Date of birth	<input style="width: 100%; height: 30px;" 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"/>
Prisoner	<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

I declare that the information on this application is true and correct. I authorise the council to make any necessary enquiries to check the information given on this application, including cross checking details with other council services and external organisations. I undertake to inform you of any change in circumstances as soon as it occurs. I understand that if I give information that is incorrect or incomplete or fail to report changes in circumstances, I may be prosecuted.

Signature Date

Print name Telephone

Email Mobile

Moray Council is the data controller for this process. The information provided by you for the purposes of determining Council Tax liability will be stored by us in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018. The information that we hold must be accurate, up to date, and kept only for as long as necessary. It is shared only where we are legally obliged to do so. You may refer to our published Council Tax Privacy Notice for more information. It can be found at <http://www.moray.gov.uk/downloads/file123143.pdf>

Please return this form to: **Moray Council, Taxation Services, High Street, Elgin, IV30 1BX.**
 If you require any further information regarding this form, please contact us by:
 Telephone: **01343 563456** Email: **ctaxforms@moray.gov.uk** Website: www.moray.gov.uk