Moray Council
TAXATION SERVICES
Council Tax
Carer (Voluntary) Discount Application Form

Name……..….

Address……..….

……..

……..

…… Postcode……

Office use only
Account number……
Date of issue……..
Please return by…….

Introduction

If a carer lives with you and provides voluntary care for a household member, there may be an entitlement to an award of up to 50% Council Tax discount.

Qualification

Qualification for an award of Carer (Voluntary) discount is dependent on the carer:

- being 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** earning more than **£44.00** gross (before deductions) per week;
- providing care for more than **24 hours** per week.

Completion Instructions

If you think that you may qualify for a discount, please complete this form in BLOCK CAPITALS and **black ink**.

Parts 1 and **4** should be filled in by the **Council Tax payer**.
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).

For further information or help in completing this form please telephone **(01343) 563456.**

All information given will be treated in the strictest confidence.

Part 1: Occupancy Details

Council Tax account number ……..

Are you the only adult occupant?
(Please '√' the relevant box)

Yes ☐ **No** ☐

If **'No',** state how many ADULTS live with you……...
Please state their names below:

……

……

……

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

Students	☐	Severely Mentally Impaired	☐
Apprentices	☐	YTT Skill Seekers	☐
Student Nurses	☐	Care Workers	☐

Part 2: Voluntary Carer's Details

Carer's full name ……..……..……..……..……

Address ……..……..……..

……Postcode……Telephone…..……..……..

Name of person(s) in your care…….…

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

Please sign the authorisation below, so your employer can complete Part 3.

Signed……Date……

Part 3: Employment Details

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

PRINT NAME……..

Position…….

Date……..

Official Stamp

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

Name ……. Telephone……..……

Part 4: 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** Webform: moray.gov.uk/ctxenquiry Website: **www.moray.gov.uk**