

Council Tax

Carer Enquiry Form (Voluntary)



www.aberdeencity.gov.uk/counciltax

Name

Address

..... Postcode

Telephone No. Email address.

Council Tax No.

If you or a member of your household provides care for someone, we may be able to give you a discount on your Council Tax Bill. To find out if you qualify for a discount we need to ask some questions about the carer. Please read the undernoted carefully.

If the carer is voluntary, they must satisfy the following conditions:

- be resident in the home where they are caring or in premises which have been provided for the better performance of the work.
- must not earn more than £36.00 per week
- must provide care for more than 24 hours per week
- must have been introduced to the cared person by a local authority/charitable organisation

How to complete the form

If you feel that a member of your household meets the conditions of the voluntary carer, as noted above, we need to find out more details about that person. There are three parts to this form:

Part 1 should be filled in by the **voluntary carer**
Part 2 should be filled in by the **organisation with which the voluntary carer is registered**
Part 3 should be signed by you as the **liable person** (the person to who the council tax bill sent)

Please use **BLOCK CAPITALS** and **black ink** when filling in the form.

Part 1 **Voluntary Carer's details** (to be filled in by the voluntary carer)

Carer's full name

Address

Name of person(s) being cared for

When did you start providing care for the person?

Are you providing care on behalf of any of the following? Tick as appropriate.

Local Authority/Crown Charitable Organisation

Is the cared for person severely mentally impaired? Tick as appropriate YES NO

I authorise the organisation I am representing to give the information requested overleaf.

Signed Date

PART 2 Local Authority/Crown/Charitable Organisation details (to be filled in by the organisation)

The person named overleaf has indicated that they are currently working as a carer. Could you please answer the questions below and then return this form to the carer.

Please give the name and address of your organisation

.....
.....

Please give the date that the carer began providing care for the patient overleaf

.....

Please print your name and position

.....

OFFICIAL STAMP

Signed

Date

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

.....

Email address Telephone Number

PART 3 Declaration (to be signed by the liable person)

This form has been designed to be easy to understand and simple to complete. If you have any difficulty with any part of the form or if you require further details, we would like to help you. Please contact Revenues and Benefits by telephoning the Council Tax Customer Care Section on 08456 080921, emailing us on counciltax@aberdeencity.gov.uk or by writing to us at the address shown at the bottom of the form.

From what date are you claiming discount?

I declare that the information on this form is true and correct and that I undertake to inform you of any change in circumstances as soon as the change occurs.

Signed Date

**Thank you for completing this form. Please return it immediately to Revenues and Benefits,
Aberdeen City Council, Business Hub16, Marischal College, Broad Street, Aberdeen AB10 1AB**