

# Council Tax



[www.aberdeencity.gov.uk/counciltax](http://www.aberdeencity.gov.uk/counciltax)

Name.....

Address .....

.....

.....Postcode .....

Your Council Tax Account Number

## Application for Household Discount

**Please read this form carefully**

Your Council Tax bill is worked out on the basis of two adults (an adult is a person 18 years or over) living in the household. You may qualify for discount if any adult who is resident in the household fall into one of the categories below.

1. If only one adult lives in the household a discount of **25%** can be given.
2. If only one adult lives in the household but also falls into one of the disregard categories overleaf a further reduction may be given.
3. If more than one adult lives in the household and all fall into a disregard category a discount of **50%** can be given.
4. If more than one adult lives in the household and all but one fall into a disregard category a discount of **25%** can be given.

Any application for discount must be made by the person who is liable to pay the Council Tax for your household. If you wish to apply for a discount, please complete this form in **BLOCK CAPITALS** using black ink and return it to Revenues and Benefits. 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](mailto:counciltax@aberdeencity.gov.uk) or by writing to us at the address overleaf.

Date from which you are claiming discount Day..... Month..... Year.....

**Please tick relevant box(es) below**

(a) Are you the sole adult resident in the property? YES  NO

(b) Do you fall into one of the disregard categories overleaf? YES  NO

(c) Do any of the adults living in the household fall into one of the disregard categories overleaf? YES  NO

(d) Do you own or rent any other property? YES  NO

If **YES** please provide the address .....

(e) Has any resident moved out? YES  NO

- If **YES** please give their full name(s) and new address(es) below:

.....

.....

- If they intend to move back into the property at a later date please state when .....

Do you wish to receive information on Council Tax Benefit? YES  NO

We may have to contact you again to obtain evidence in support of your claim or with a view to arranging a visit to your property. It would be helpful if we could contact you by telephone or email. If you have a contact telephone number or email address, please indicate them below:

Contact telephone number ..... Email .....

### Declaration

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

Signature ..... Date .....

Please note that under the National Fraud Initiative details of your claim may be compared with records within this council and other public bodies. For more information please log on to [www.audit-scotland.gov.uk/work/nfi.php](http://www.audit-scotland.gov.uk/work/nfi.php)

**Please complete section overleaf if necessary**



(CITY) CTD P (9/11)

### Household Information

Please list below all people normally resident in the household (including yourself) and tick any of the disregard categories below that apply.

	Person 1	Person 2	Person 3	Person 4
<b>SURNAME</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>FORENAME</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>DATE OF BIRTH</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**CATEGORIES**

Youth Training Trainee YTT/Skill Seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprentice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient in a Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer (residing in property to provide care to other resident)	<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"/>
School Leaver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person in respect of whom Child Benefit is payable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of certain Religious Communities	<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/Student Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of University/College .....  
 .....  
 .....

Matriculation/  
 PIN Number .....  
 .....

Exact Date  
 Course Starts .....  
 .....

Exact Date  
 Course Ends\* .....  
 .....

**\*Please note this is not your graduation date.**

If your spouse/dependant is NOT a British Citizen and lives in the property, please state:

Their Name .....  
 .....

Relationship to liable  
 person .....  
 .....

Date of Entry to U.K. ....  
 .....

Is your spouse/ dependant working in the UK? .....

**PASSPORT DETAILS WILL BE REQUIRED AS EVIDENCE FOR ENTRY TO THE UNITED KINGDOM**

**EVIDENCE MAY BE REQUIRED FOR ALL THE ABOVE CATEGORIES**

Please remember to sign the declaration overleaf and return this form immediately with the supporting evidence to **Revenues and Benefits, Aberdeen City Council, Business Hub16, Marischal College, Broad Street, Aberdeen AB10 1AB**