



Property No

Name
Address
.....
.....
..... Postcode

Council Tax Account No.
Issue Date
Return by Date

Application Form for Household Discount

Information

The Council Tax Bill is worked out on the basis of two adults (i.e. a person aged 18 years or over) living in the household. You may qualify for Discount if any adult who is resident in the household falls into one of the categories below:-

- If only one adult lives in the household a Discount of 25% may be given.
- If only one adult lives in the household but also falls into one of the disregard categories shown overleaf a Discount of 50% may be given.
- If more than one adult lives in the household and all but one falls into a disregard category a Discount of 25% may be given.
- If more than one adult lives in the household and all fall into a disregard category a Discount of 50% may be given.

Any application for Discount must be made by the person who is liable to pay the Council Tax for your property. If you wish to apply for Discount, please complete this form in BLOCK CAPITALS and return it to your Council Tax Office noted overleaf.

Date from which you are claiming Discount, i.e. when your circumstances changed
Answer the following questions YES or NO:

- (a) Are you the sole adult resident in the property ?
- (b) Do you or any of the adults living in the household fall into one of the disregard categories overleaf ?
- (c) Has any resident moved out ?
If YES, please complete the boxes below and indicate whether the move is permanent (Y/N)

| Full name of person Moving out | New address including postcode | Date moved out | Permanent Y/N |
|--------------------------------|--------------------------------|----------------|---------------|
| | | | |
| | | | |
| | | | |

Where a resident has moved out and the move is not permanent, please give the reason for moving out.

.....
.....
.....
.....

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

Surname

Forename

DISREGARD CATEGORIES

Youth Training Trainee
YTS/Skill Seeker

Apprentice

Hospital Patients

Patient in a Home

Careworker

Resident of a Hostel

Person in Detention

School Leaver

Person in respect of whom
Child Benefit is payable

Member of certain
Religious Communities

Severely Mentally Impaired

Student / Project 2000 Nurses

If a student complete the following:

Name of University/College

Matriculation/PIN Number

Date Course Ends

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 UK

We may need to contact you for evidence to support your claim. Note: A copy of passport details will be required as evidence for entry to the United Kingdom

DECLARATION BY APPLICANT

I declare that the information I have given on this form is correct and complete to the best of my knowledge. I will undertake to inform the Council of any change in my 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.

E-mail Mobile Telephone No

Any information you provide will be used and retained on computer by this Authority, and will be shared with other government bodies, including Scottish Water, in accordance with the Data Protection Act 1998.

Please return this form to your Council Tax Office:
Council Tax and Benefits Section, 27/29 Crown House, Aberdeen, AB11 6HA.

Tel. No. 08456 08 09 021
E-mail: counciltax@aberdeencity.gov.uk