

# Council Tax



ABERDEEN  
CITY COUNCIL

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

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

Your Council Tax Reference Number

## Application for Household Discount

### Please read this for 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 falls into one of the categories overleaf.

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 and return it to Revenues and Benefits. If you have any difficulty with any part of the form or if you require further details please telephone Customer Services on 08456 080921 or 01224 219283 (lines are open Monday to Friday 8am – 6pm), e-mailing us at [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 Reduction? YES  NO

We may 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 e-mail, please indicate these below:

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

### Declaration

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

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

Under the Public Finance and Accountability (Scotland) Act 2000 section 2A, we will share the information you provide with Audit Scotland for data-matching purposes. Audit Scotland currently requires us to do this to help prevent and detect fraud. For a full explanation of how we and Audit Scotland will use your information please contact us or visit [www.audit-scotland.gov.uk/work/nfi.php](http://www.audit-scotland.gov.uk/work/nfi.php).

Please complete section overleaf if necessary



### 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"/>
<b>CATEGORIES</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"/>

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(S) WILL BE REQUIRED AS EVIDENCE FOR ENTRY TO THE UNITED KINGDOM.**

**Data Protection**  
 We may use the information you provide and also the information we collect for Council Tax purposes to help us deliver other Council services, if this would make these services more efficient or more effective. We may check the information you provide, or that another organisations provides about you, with other information we hold. We may also give information about you to, or receive it from, other organisations to check the details we hold are accurate, to prevent or detect crime or to protect public funds, all as allowed by law. These other organisations can include government departments, other local authorities and private companies. We will not, however, release information about you to anyone outside our organisation unless the law allows it, and we will always use your personal information in line with the Data Protection Act 1998. To check the list of council services that may use the information we collect on Council Tax forms, visit our website at [www.aberdeencity.gov.uk](http://www.aberdeencity.gov.uk)

**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**