

**COUNCIL TAX  
 APPLICATION FOR DISABLED PERSON'S REDUCTION**

**FORM  
 Disabled  
 Relief**

Date of Issue: \_\_\_\_\_

Ref Number: \_\_\_\_\_

Property Band: \_\_\_\_\_

**Before completing and signing this form, please read the notes overleaf**

**The person liable to pay the Council Tax should complete this form. If you need help or advice please contact the Council Tax Section at the above address.**

A. APPLICANT: .....  
 (Person liable to pay the Council Tax)

ADDRESS: .....

.....

B. **DETAILS OF THE DISABLED PERSON(S) (remember they must be residing at the above address)**

NAME(S): .....

NATURE OF DISABILITY: .....

.....

.....

C.  **GROUNDS FOR APPLICATION** *Please tick appropriate box*

Is there:-

(1) A room which is <b>not</b> a bathroom, kitchen or toilet and which is predominantly used by and required for meeting the needs of the disabled person?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(2) A <b>second</b> bathroom or kitchen required for meeting the needs of the disabled person?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(3) Space for a wheelchair to be used indoors by the disabled person?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**NOTES FOR APPLICANT:**

In assessing this application it will be necessary for an Inspector to visit your property so that the Council can be satisfied: -

- (a) that there is a disabled resident who needs either space for a wheelchair to be used inside the home, or an additional kitchen, bathroom or other room; and
- (b) that the space for the wheelchair, or room, is essential or of major importance to the well-being of the disabled resident because of the nature and extent of their disability.

It would help in the consideration of this application if the applicant would supply a note from a doctor or other qualified professional such as an occupational therapist or social worker, confirming that the disabled resident needs the extra space or room as stated in Section C.

When considering whether a reduction should apply, the Council will have to decide if the person with the disability would find it impossible or extremely difficult to live in the dwelling, or their health would suffer, or if the dsability would become more severe, should the extra feature not be available in the dwelling. To qualify for a reduction, the the extra room need not be specially built, but could be an existing room used specifically for the person with the disability.

A Council Tax bill that is subject to the Disabled Person’s Reduction is calculated as if the respective dwelling was in the Valuation Band immediately below that shown in the Valuation List. For example, if your home is in a Band D your billl will be reduced to that for a Band C dwelling. For dwellings in Band A, the Council Tax bill is reduced by 5/9ths of the Band D bill.

**DATA PROTECTION STATEMENT**

Your personal information will be held and used in accordance with the requirements of the Data Protection Act 1998.

This Authority is under a duty to protect the public funds that it administers and, to this end, may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing and administering public funds, solely for these purposes.

**IMPORTANT**

You do not have to complete this form unless you wish to claim a discount but if you provide false information you may be subject to a penalty of £70 and prosecution under the Theft Act 1968.

**DECLARATION BY APPLICANT**

The information given on this form is correct.

I undertake to notify you immediately if I believe that I am no longer eligible for a reduction granted in respect of this application.

Signature of applicant .....

Date .....Telephone number.....

**This form should be returned to the Council’s offices at the address shown at the top of the application**