

Date:

Name
Address

COUNCIL TAX
APPLICATION FOR A REDUCTION FOR PEOPLE WITH DISABILITIES

A. Applicants Name (only people who are liable to pay the council tax can apply for a reduction)

Address (if different from above) _____

Daytime telephone number

Email Address

B. Disabled Person (the disabled person must be living in the dwelling for which the reduction is being sought) _____

C. Grounds for Application

1. A room which is predominantly used by and required for meeting the needs of the disabled person (other than a kitchen or bathroom)
2. A second bathroom or kitchen required for meeting the needs of the disabled person
3. A wheelchair used indoors by the disabled person

Yes/No
Yes/No
Yes/No

PLEASE REFER TO THE IMPORTANT NOTES ON THE REVERSE OF THIS FORM

DECLARATION 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

Continued Overleaf

NOTES

In assessing this application, the Council will need to be satisfied:

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

The disabled person's doctor, or other qualified professional such as an occupational therapist or social worker, must confirm (in the space below) that the disability is permanent.

DECLARATION

I certify that the person named in B overleaf, is a disabled person, and I confirm that he/she needs the space or room as stated in part C overleaf, to meet the needs of the disability.

<u>NAME</u>
<u>ADDRESS</u>
<u>RELATIONSHIP TO PERSON</u> <u>(EG DOCTOR, SOCIAL WORKER)</u>
<u>SIGNATURE</u>
<u>DATE</u>

If for any reason you are unable to obtain such confirmation easily, then do not delay your application if you believe you are eligible for a reduction. However, we may subsequently need to ask for evidence in support of your application.

<p><u>For office use only</u></p> <p>Inspector</p> <p>Date</p> <p>Comments</p>
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