



COUNCIL TAX APPLICATION FOR REDUCTION DUE TO DISABILITY

Date of issue:

Account no:

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| Name & address | Property address: |
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The liable person may apply for a reduction in the Council Tax if there is a disabled person in the property. To be entitled to a reduction, the property must contain facilities, which are regarded as essential to the well being of the disabled person.
DATA PROTECTION - Information supplied may be processed and held as data on a computer.

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| Name of disabled person:: |
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| Nature of Disability and any details you feel may be relevant: |
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You are not legally required to give this information but if you decline to do so it will be assumed discount does not apply.

GROUNDINGS FOR APPLICATION: (Is there): (PLEASE TICK)

- a) A room other than a bathroom, kitchen or lavatory used mainly by the disabled person? YES NO
- b) A second bathroom or kitchen required for meeting the needs of the disabled person? YES NO
- c) Extra space inside the property to allow for wheelchair circulation? YES NO

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| Please confirm the date from which the above circumstances have applied: |
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In assessing the application the Authority will need to be satisfied that:

- a) 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) this space or is essential or of major importance to the well-being of the disabled resident because of the nature and extent of his/her disability.

It will help in the consideration of this application if the applicant can 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 stated above.

If for any reason you are unable to obtain such confirmation easily, or will incur costs in doing so, please do not delay your application, but contact the Revenues Office for advice. A Council Official may need to visit the premises to inspect the facilities.

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| <u>DECLARATION</u> |
| 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:DATE..... |
| Telephone number:..... |