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APPLICATION FOR DISABLEMENT REDUCTION

You are asked to complete and return this form to the address at the bottom of the form if you are the liable person for Council Tax purposes and if you think you may be eligible for a discount. Please read the Guidance Notes before completing this application form. Please complete this form in BLOCK CAPITALS using black ink.

*Denotes a mandatory field which must be filled in for your application to be processed.

PART ONE – To be completed by Liable Person

*1. Full Name of Applicant:	
*2. Address of Property for which exemption / discount is being claimed:	
3. Account or Property Reference if known:	
*4. Full Name of Disabled Person:	
*5. Nature of Disability:	
*6. Is Letter of Confirmation enclosed? (See Guidance Note 3)	<u>Answer YES or NO</u>
*7. Reason for Application. Is there:-	<u>Answer YES or NO</u>
a) A room which is predominantly used by and required for meeting the needs of the disabled person?	
If you have answered YES to question 7a please describe how the room is used:	
b) a second bathroom or kitchen required for meeting the needs of the disabled person?	
c) a wheelchair used indoors by the disabled person?	
*Daytime Telephone Number (See Guidance Note 4)	

*Signature _____ *Full Name _____

*Date _____

DECLARATION: I declare to the best of my knowledge and belief all the information I have given on this application is true and complete in all respects. I authorise the Council to make any enquiries they wish to verify the information. I undertake to notify the council as soon as these circumstances change. I acknowledge that failure to do so could result in a penalty being imposed.

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PART 2 – To be completed by Revenues Visiting Officer

Date of Visit:	
Reduction Recommended:	YES or NO
Date Effective From:	
Signature:	
Notes:	

Guidance Notes

1. Where the reduction is awarded, this has the effect of lowering the Council Tax being charged for properties in bands B to H to the equivalent of the next lowest band. For example, a property in band C would be charged at the rate for band B.

In order to qualify, the person(s) responsible for the Council Tax need to make an application in respect of prescribed facilities, required for meeting the needs of a qualifying individual. A 'qualifying individual' is defined as "a person who is substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise)". The qualifying individual must be resident in the dwelling for which the reduction is sought.

The prescribed facilities are-

- (i) A room which is not a bathroom, a kitchen or a lavatory and which is predominantly used by and is required for meeting the needs of any qualifying individual resident in the dwelling.
- (ii) A second bathroom or kitchen in the dwelling and which is required for meeting the needs of any qualifying individual resident in the dwelling.
- (iii) Sufficient floor space to permit the use of a wheelchair required for meeting the needs of any qualifying individual resident in the dwelling and use of a wheelchair indoors

2. The applicant must be the liable person for the Council Tax bill.

3. 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. 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.

4. It will be necessary for a member of the Revenues staff to visit the property and an appointment will be made. All Revenues staff are required to carry identification. Please do not hesitate to ask to see the identification before allowing anyone to enter your home.

Please ensure that Part One is completed in full and returned along with Part Two to the address below