

Any enquiries about this application should be made to the Council Tax Discount Section at the above address or Telephone (01422) 393642



Date _____

Billing Account Reference Number _____

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| SECTION A | PLEASE READ THESE NOTES AND SECTION D (OVERLEAF) BEFORE FILLING IN THIS FORM |
| <ol style="list-style-type: none"> This application form must be filled in by the person named on the Council Tax Bill. The disabled person must have his or her main residence at the address given in the application. Reductions will only apply where the Council is satisfied that the facilities claimed are provided and required for meeting the needs of the disabled person. Someone from the Council will arrange to visit the property to verify details of the claim. To help us make these arrangements please give your telephone number in the space provided. When you have filled in the details at Section B please read and sign the declaration (Section C). Then send the form back to the above address as soon as possible. If you need any help in filling in the form or if you have any other questions please telephone the office or contact me at the above address. | |

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| SECTION B | APPLICATION DETAILS (Please complete in block capitals) | | | | | | |
| <p>1 Applicant's Name <input type="text" value="Mr/Mrs/Miss/Ms"/> <input type="text"/></p> <p>Daytime telephone at which you can be contacted <input type="text"/></p> <p>2. Name of the disabled person <input type="text"/></p> <p>Address of the disabled person <input type="text"/> <input type="text"/></p> <p>Nature of disability. <input type="text"/></p> <p>3. Facility for which the claim is being made <i>*Please delete as appropriate</i></p> <table style="width: 100%;"> <tr> <td style="width: 80%;">A. A room other than a bathroom, kitchen or lavatory which is used predominantly by the disabled person.</td> <td align="right"><input type="text" value="* YES/NO"/></td> </tr> <tr> <td>B. A second bathroom or kitchen used for meeting the needs of the disabled person</td> <td align="right"><input type="text" value="* YES/NO"/></td> </tr> <tr> <td>C. Sufficient floor space to permit the use of a wheelchair by the disabled person inside the building.</td> <td align="right"><input type="text" value="* YES/NO"/></td> </tr> </table> <p>4. The date the above conditions apply from. <input type="text"/></p> | | A. A room other than a bathroom, kitchen or lavatory which is used predominantly by the disabled person. | <input type="text" value="* YES/NO"/> | B. A second bathroom or kitchen used for meeting the needs of the disabled person | <input type="text" value="* YES/NO"/> | C. Sufficient floor space to permit the use of a wheelchair by the disabled person inside the building. | <input type="text" value="* YES/NO"/> |
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| SECTION C | DECLARATION |
| <p>As far as I know all the information I have given is accurate and true. I agree to tell the Council immediately if the circumstances change or I think that any reduction given as a result of this application should not apply.</p> <p>Name _____ Signed _____ Date _____</p> | |



SECTION D**COUNCIL TAX (REDUCTION FOR DISABILITIES) REGULATIONS 1992****Guidance Notes:**

1. The disabled person can be a person of any age who resides at the property and is substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise).
2. The space or room must be essential or of major importance to the well-being of the disabled person, because of the nature and extent of his or her disability.
3. Where a reduction is granted, the Council Tax liability will be calculated as if the property was in the band below that attributed to it in the Valuation List
For example a property shown in band 'C' would be charged as if it was in band 'B' for the duration of the disabled persons residence at the address.
4. **PROPERTIES IN BAND 'A' WILL BE ENTITLED TO A REDUCTION OF 1/9th OF THE AMOUNT SET FOR A BAND 'D' Property (FROM 1 APRIL 2000).**

Please note: Any data held by the authority in respect of an application for any reduction in Council Tax may be used for cross-system and cross-authority comparison purposes for the prevention and detection of fraud.

SECTION E**PLEASE USE THIS SECTION TO PROVIDE ANY INFORMATION IN SUPPORT OF YOUR APPLICATION****SECTION F****FOR OFFICIAL USE ONLY**

Visiting Officer: _____

Date of Visit: _____

Comments:

Reduction granted from: _____

Processed by _____ Code _____ Date _____