Council tax - Reduction for disabilities

Please download, sign and return this form. Our inspector will then contact you to arrange a convenient time to inspect your property.

Completion of part 2 will require you to obtain the signature of either a social services or health care professional such as a General Practitioner to confirm a disability. Alternatively you can provide documentary evidence to confirm a disability.

If you qualify for this reduction:

- Your council tax band will be reduced from the date that the adaptations have been made to your home and
- The charge will go down a band. For example, if your property is currently under band D, then your banding will reduce to band C.

PART 1

<table>
<thead>
<tr>
<th>Your council tax account number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of claimant</td>
</tr>
<tr>
<td>Name of qualifying person* (if different)</td>
</tr>
<tr>
<td>Address</td>
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</tbody>
</table>

I want to apply for a reduction in council tax and I can confirm my property has one of the following (please tick those that are relevant):

A ( ) a room (other than a kitchen, bathroom or toilet) adapted so the qualifying person can live in the property. The room is mainly used by the qualifying person.

B ( ) a bathroom or kitchen, which is not the only bathroom or kitchen, adapted so the qualifying person can live in the property

C ( ) enough floor space to allow the qualifying person to use a wheelchair inside the property.

Signed ............................................................................... Date……………………………
Telephone no (required to arrange appointment) ....................................................

- A qualifying person is someone who is substantially and permanently disabled and for whose benefit the property was adapted.

PART 2

Name and occupation of professional .................................................................

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(A relevant professional includes a doctor, nurse, health visitor, occupational therapist or social worker)

Business address and telephone number.........................................................

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Declaration

I can confirm that ......................................................... is substantially and permanently disabled.

Date: ...............................