# Application form for reductions for disabilities

The Council Tax payer should complete this form.

|  |  |
| --- | --- |
| Account reference  |  |

## Applicant details

Please provide your details as the Council Tax payer.

|  |  |
| --- | --- |
| Name  |  |
| Address  |  |

### Person with disability

|  |  |
| --- | --- |
| Name |  |
| Nature of disability |  |

### Grounds for application

“Meeting their needs” in the questions below means anything which is essential or of major importance to the wellbeing of the disabled person.

|  |  |
| --- | --- |
| 1. Is there a room which is not a bathroom, kitchen or lavatory which is mainly used by and required for meeting the needs of the disabled person?
 | Yes /No |
| 1. Is there an extra bathroom or extra kitchen required for meeting the needs of the disabled person?
 | Yes /No |
| 1. is a wheelchair used in the home by the disabled person?
 | Yes /No |

|  |
| --- |
| If you answered yes to question (a) or (b), please provide details of the disability and explain the importance of the room(s) to the wellbeing of the disabled person. |
|  |

Please include any supporting information you consider relevant with the application form.

Application continues on the next page.

### Declaration

The declaration must be completed and signed by the Council Tax payer.

I certify that the above-named person requires the facilities indicated to meet their needs as outlined above. I will inform you immediately if I am no longer entitled to a discount in the future.

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Date |  |
| Contact number |  |