**Council Tax**

**Application for a Disabled Band Reduction**

Account Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of liable person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Tel no / E-mail Address \_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The council tax bill may be reduced (by one band) where a property is the sole or main residence of a substantially and permanently disabled adult or child. The property must have extra facilities, or space, which are essential or of major importance to the disabled persons wellbeing by the nature and extent of their disability.

**Section A - To qualify for a reduction in the amount of council tax payable, you must satisfy ALL of the following requirements:**

1. This application must be completed by the liable person (the householder) or by someone on his or her behalf.
2. A member of the household must be a disabled person and the property must be their sole or main residence. (Section B )
3. Facilities within the property must be used by and meet the needs of the disabled person. (Section C) Documentary evidence to support your claim will be required.

Examples of these are as follows:

For an Additional Bathroom / Kitchen**:** A letter from your landlord confirming when this work was carried out / completed or if you are the owner a letter from the contractor who carried out the work. This type of evidence is not required if the facility has always been present in the home but is now being used by the disabled person to meet their needs.

For a room predominantly used by the Disabled Person: A letter from a Social Worker / Occupational Therapist, Carer (or similar) confirming reason for this room.

**SECTION B. Information relative to the disabled person**

Name of the disabled person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth of the disabled person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of the disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The disability has existed since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date you wish to claim Disabled Person’s reduction from: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please note the property may be subject to an inspection to verify Disabled Persons Reduction entitlement**.

**SECTION C.** **One or more of the following facilities must exist within the property to meet the needs of the disabled person. Please indicate the facility or facilities that apply**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Facility Required to meet disabled persons needs** | Yes/No | Date facility existed from |
| **1** | A **second** kitchen which is required and predominantly used by the disabled person # see below |  |  |
| **2** | A **second** bathroom (must have a toilet, wash hand basin and a bath or shower) which is required and predominantly used by the disabled person # see below |  |  |
| **3** | Sufficient floor space to permit the use of a wheelchair which the disabled person requires to use indoors |  |  |
| **4** | A room which is not a bathroom, kitchen or lavatory and is used by and required to meet the needs of the disabled person (ie treatment / therapy room) |  |  |

**# If you only have one kitchen/bathroom within the property any adaptations to meet the needs of the disabled person will not qualify under category 1 and 2.**

If you have selected option 4 above please provide a brief description of how this room is used to meet the needs of the disabled person (you may need to provide supporting evidence from Social Worker/ Occupational Therapist / Carer confirming the reason for this room) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION D. ALL sections below must be completed by disabled person's doctor.**

|  |  |  |
| --- | --- | --- |
| **1**  **1a**  **1b** | Is the person detailed in section B **substantially** and **permanently** disabled whether by illness, injury, congenital deformity or otherwise?  If yes please provide exact Date condition has existed from \_\_\_/\_\_\_/\_\_\_    Provide the date the condition was sufficient to require the use of the facilities detailed in Section C (if this was later) \_\_\_/\_\_\_/\_\_\_ | Yes / No |
| **2** | Please provide a brief description of the nature of the disability in this space |  |
| **3** | Is the facility detailed in Section C essential or of major importance to the welfare of the person detailed in Section B | Yes / No |
| **4** | Do they require the use of a Wheelchair within the dwelling | Yes / No |
| Doctors Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Stamp  Doctors name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_/\_\_\_/\_\_\_ | | |

**Declaration - To be signed by the liable person**

* Ideclare that the information on this application is correct**.** I will notify you immediately of any changes that might affect my Council Tax.
* I understand that giving false information is an offence for which a penalty can be imposed and you may check the information with other sources as allowed by the law.
* I understand that any information I have provided will be used in the administration of my Council Tax account. You may give information to other parties where the law allows this.

**Please note that payment should not be withheld pending any application or decision.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please either post or email this form with required evidence using details shown below.**

Dumfries and Galloway Council, Enabling and Customer Services, Local Taxation Team,

PO Box 9089, Dumfries, DG1 9EB

Telephone number 030 33 33 3005, Email [Council.Tax@dumgal.gov.uk](mailto:Council.Tax@dumgal.gov.uk) or visit our website  [www.dumgal.gov.uk/counciltax](http://www.dumgal.gov.uk/counciltax)

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