

APPLICATION FOR COUNCIL DISABLED RELIEF

Only the Council Tax Payer - the person responsible for paying the bill - may apply

Name and Address of Applicant

Name of Disabled Person and Address if different

- **The disabled person must live permanently at the property for which the reduction is being claimed.**

Date of Birth of disabled person if under 18

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The property has at least one of the following features: **please tick**

1. A room predominantly used by the disabled person
(please give a brief note of how the room is mainly used to meet the needs of the disabled person)
2. A second bathroom or kitchen
3. Space for and need to use a wheelchair indoors

We will probably need to visit you. Please give a daytime telephone number so that an appointment can be arranged.
Daytime telephone No:

In some cases we need to obtain independent confirmation of the disabled person's circumstances and, in case we need to do so, please give below details of your G.P. and/or other qualified professionals such as an Occupational Therapist or Social Worker who will be able to confirm the circumstances (of the disabled person).

The G.P./Consultant (<i>please specify</i>) of the the Disabled Person	
Name:	_____
Address:	_____

Telephone No:	_____

Other Professional able to confirm circumstances of Disabled Person	
Name:	_____
Profession:	_____
Address:	_____

Telephone No:	_____

Declaration	
The information given above is correct. You may make enquiries to verify this claim. I understand that this information may be shared with other parts of the Council & other public bodies. I will notify you if I am no longer entitled to disabled relief.	Signature: _____ Date: _____

- **If a reduction is granted and your circumstances change so that you do not qualify, you must notify the Council immediately**

FOR OFFICE USE ONLY: DATE OF ISSUE

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