

# Council Tax Reduction for people with disabilities



Is there a disabled person resident in the household?  
If **YES** you may be eligible for a reduction in your Council Tax Bill

In order to grant a reduction, the Council will need to be satisfied that:

- a** there is a disabled resident, who needs either a special additional kitchen, bathroom or other room, or space for a wheelchair to be used inside the home; **and**
- b** this room or space is essential or of major importance to the wellbeing of the disabled resident because of the nature and extent of his / her disability

It will help the Council to consider this application if you can supply a note from a doctor, or other qualified professional such as an occupational therapist or social worker, confirming that the disabled person needs the extra space or room as stated in section 4 below.

If you cannot obtain such confirmation easily, then do not delay in sending in this application if you believe you are eligible for a reduction. However, we may still need to ask for evidence in support of your application.

Please note that an officer from the Council will be required to visit your property and complete an assessment before any reduction can be applied to your account.

Please return form to: Local Taxation Service, P.O. box 10505, Wood Green, N22 7WJ

## SECTION 1 – Address

Please enter the address for which the reduction is being claimed

## SECTION 2 – Details of claimant

This must be the person who is liable to pay the Council Tax for the property detailed in Section 1

Surname:

First Name:

Address: *(if different from section 1)*

Telephone Number:

Council Tax Reference:  
*(if known)*

## SECTION 3 – Name of disabled person

Please enter the name of the disabled person residing at the property detailed in section 1

Surname:

First Name:

## SECTION 4 – Grounds for application

Please answer the following questions. Is there:

- a** a room which is mainly used by and required for meeting the needs of the disabled person? Yes  No
- b** A second bathroom or kitchen which is required for meeting the needs of the disabled person? Yes  No
- c** A wheelchair used *indoors* by the disabled person? Yes  No

## DECLARATION

To the best of my knowledge, the information given on this form is correct. I undertake to notify you immediately if I believe that I may no longer be eligible for a reduction in respect of this application.

Signed:

Date: