

SOUTH GLOUCESTERSHIRE COUNCIL

Chief Executive and Corporate Resources Department, Revenue Services, PO Box 1953, Bristol, BS37 0DB
TEL: 01454 868003. FAX: 01454 868420

COUNCIL TAX APPLICATION FOR REDUCTION FOR PEOPLE WITH DISABILITIES

FORM
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Before filling in this form please read the notes overleaf

SECTION 1

| | |
|---|-------|
| APPLICANT'S NAME (must be a person liable to pay the Council Tax on the dwelling) | |
| BILLING NUMBER | ctdbf |
| ADDRESS | |
| DAYTIME TELEPHONE NUMBER | |
| EVENING TELEPHONE NUMBER | |
| MOBILE TELEPHONE NUMBER | |
| E-MAIL ADDRESS | |

SECTION 2 - DISABLED PERSON'S DETAILS

| | |
|-----------------------------------|----------|
| NAME OF DISABLED PERSON | |
| ADDRESS (if different from above) | |
| | |
| | |
| | POSTCODE |

SECTION 3 - GROUNDS FOR APPLICATION

Is there:

- 1) A room which is not a bathroom, a kitchen or a lavatory and which is predominantly used by and required for meeting the needs of the disabled person?

YES NO If YES from what date:

Please give details

- 2) A second bathroom (a bathroom must contain a sink, toilet and a bath or shower) or kitchen required for meeting the needs of the disabled person?

YES NO If YES from what date:

- 3) A wheelchair used indoors by the disabled person?

YES NO If YES from what date:

SECTION 4 - NATURE OF DISABILITY

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| |

I have enclosed a note from a doctor as evidence in support of my application

YES

NO

SECTION 5 - DECLARATION BY APPLICANT

The information given on this form is correct. I undertake to notify you immediately if I believe that I am no longer eligible for a reduction granted in respect of this application

| | |
|------------------------|----------|
| SIGNATURE OF APPLICANT | DATE / / |
|------------------------|----------|

This form should be returned to the Council's offices at the address shown at the head of the application

NOTES FOR APPLICANT

If because of a disability you are entitled to a reduction, this would take the form of calculating your bill as if the property had been placed in the valuation band immediately below the one shown in the valuation list and for properties in Band A the reduction will be 1/9th of Band D ie. equivalent to that currently given to dwellings in Band B, C & D.

Please note that when assessing your application this authority will need to be satisfied that

- (1) this property is the sole or main residence of at least one disabled resident, and
- (2) that resident needs either
 - i) space for the use of a wheelchair within the home, or
 - ii) an additional kitchen or bathroom, or
 - iii) another room which is predominantly used by and is required for meeting the special needs of the disabled resident, and
- (3) that this space or room is essential or of major importance to the well-being of the disabled resident because of the nature and extent of his or her disability

It will help your 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 resident needs these special features.

IMPORTANT

1. You do not have to complete this form unless you wish to claim a discount but if you provide false information you may be subject to a penalty of £70 and prosecution under the Theft Act 1978.
2. Any information provided will be treated in the strictest confidence but may be stored on computer and is therefore subject to the provisions of the Data Protection Act 1984