

**(WEB SITE) COUNCIL TAX
DISABLED BAND REDUCTION FORM**



Charnwood Borough Council, Council Tax Dept
PO Box 184, Erith, DA8 9EU
Tel: 0345 6091258 Fax: 01509 634839
Email: Charnwood.counciltax@secure.capita.co.uk

A. Jarvis, Revenues Manager

Your Name and Address	Account No:	Property Reference:	Date:

Council Tax Account Number:

Property Address:

Under the Council Tax (Reductions for Disabilities) Regulations 1992 (SI 1992 No 554) a person liable to pay Council Tax in respect of a property may claim a reduction if there is a resident in the property who is substantially and permanently disabled whether by illness, congenital deformity or otherwise. To make a claim which could lead to a reduction of one band, **please read the notes and the declaration below then complete and sign the form, and return it to Charnwood Borough Council, Council Tax Dept, PO Box 184, Erith, DA8 9EU.** Please note, for properties in Band A, the reduction will be equivalent to one sixth of the Band A charge, and cannot be applied prior to 1st April 2000.

Full name of applicant (only people who are liable to pay Council Tax can apply for a reduction):	
Full name of the disabled person (who must live in the dwelling for which the reduction is being sought):	

Grounds for application (see note (a) below). Is there;

A) a wheelchair used indoors by the disabled person?	Yes	No
B) a second bathroom or kitchen required for meeting the needs of the disabled person?	Yes	No
C) a room (not a bathroom, kitchen or lavatory) which is predominantly used by, and of major importance for meeting the needs of, the disabled person?	Yes	No

Effective date of the above grounds being met (see note (b) below):	
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Note (a): It will help in assessing your application if details are provided from a doctor, or other qualified professional such as an occupational therapist or social worker, of the nature of the disability, and confirmation that the disabled person needs the facilities shown above due to the nature of their disability. **The form overleaf may be used for this purpose.**

Note (b): If the effective date given above is more than 12 months from the date of your application, and you wish your application to be back-dated, the form overleaf **must** be completed by the disabled person's doctor. Applications from residents of Band A properties cannot be back-dated prior to 1st April 2000.

DECLARATION:			
I declare that the information given above is correct to the best of my knowledge. I undertake to notify the Revenues Manager within 21 days if I believe that I am no longer eligible for a reduction granted in respect of this application.			
Full Name:		Date:	
Signature:		Telephone Number:	Day:
			Evening:

CONFIRMATION OF DISABILITY FOR COUNCIL TAX BAND REDUCTION PURPOSES

This form should be completed by a doctor who is fully aware of the named person's disability, and should normally be his or her own doctor.

An application is being made to Charnwood Borough Council for a Council Tax band reduction due to disability. The Council Tax (Reductions for Disabilities) Regulations 1992 state that a qualifying individual is '**a person who is substantially and permanently disabled, whether by illness, congenital deformity or otherwise,**' and that the requirements indicated at (3) overleaf are '**essential or of major importance to the well-being of the qualifying individual by reason of the nature and extent of his or her disability.**' With regard to these regulations, please complete the details below and sign where indicated.

1)	Name of disabled person:	
2)	Main residence of above:	
3)	Nature of disability:	
4)	Effective date of disability:	
5)	Effective date of requirements indicated at (3) overleaf being essential or of major importance to the disabled person named above:	
6)	Any other comments:	

DECLARATION:

The information given on this form is correct and has been completed in accordance with definitions given in the Council Tax (Reductions for Disabilities) Regulations 1992 as shown above.

Signature:		Full Name:	
Surgery Address:		Date:	
		Telephone Number:	

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