

Council Tax – Application for Disabled Reduction



You should complete this form if your dwelling has been adapted to meet the needs of a permanently disabled person who lives in the property. If you qualify for a reduction the dwelling will be placed in the next lowest Valuation Band. For example, if your dwelling had been placed in Band D it will be reduced to Band C. If your dwelling is already in the lowest Band, A, you will still receive a reduction.

Before you complete the form please check the following applies:

- The dwelling must be the sole or main residence of at least one person who is substantially and permanently disabled, **and**
- The dwelling has been adapted to meet the needs of the disabled person. This means that one of the following must apply:
 - 1) There is a room, **other than** a bathroom, kitchen or lavatory which is predominantly used by the disabled person and is required to meet their needs, or
 - 2) There is a **second** bathroom or kitchen which is required to meet the needs of the disabled person, or
 - 3) There is sufficient floor space to permit the use of a wheelchair and the disabled persons **must** need to use the wheelchair indoors.

Part 1 About you

The person who is liable to pay the council tax should complete this form

Name _____

Address _____

_____ Postcode _____

Address on which the reduction is being applied for (if different from above) _____

_____ Postcode _____

Part 2 About the disabled person

Name _____

Nature of the disability _____

Date on which the disabled person became resident in the dwelling _____/_____/_____

Please turn over

Part 3 About the property

Please tick the boxes that apply

- 1 There is a room (other than a bathroom, kitchen or lavatory) which is predominantly used by, and is required for meeting the needs of, a disabled resident.
- Please provide details of the room: _____
- 2 There is a second bathroom, which is required for meeting the needs of a disabled resident.
- 3 There is a second kitchen, which is required for meeting the needs of a disabled resident.
- 4 There is sufficient floor space to permit the use of a wheelchair required to meet the needs of a disabled resident. The wheelchair must be used indoors by the disabled resident.

You must also complete the following:

Anything that refers to meeting the needs of a disabled resident must be **essential** or of **major importance** to their well-being by reason of the nature and extent of their disability. This means that without the room or space, the disabled person would find it is either physically impossible or extremely difficult to live in the dwelling; their health would suffer; or the disability would likely to become more severe.

Please describe why the room or space is essential or of major importance to the needs of the disabled resident.

Please give the date on which the above facility, or facilities, became available for use _____/_____/_____

Part 4 Declaration

I declare to the best of my knowledge and belief that the information on this form is true and accurate and I will tell you immediately if the disabled person is no longer a member of the household or if the special facilities cease to exist. I understand that it is an offence to knowingly make a false statement and that in doing so I may be liable for prosecution resulting in imprisonment or a fine. It may be necessary for the Council to inspect the property to check that you are eligible for a reduction in your Council Tax. It is understood that by making an application for relief that you agree to the inspection, if required.

Signature _____ Print Name _____ Date ____/____/____

Please provide your email address or telephone number in case we need to contact you about your application. You do not have to tell us but it will help us to contact you quickly if we have any questions.

email address: _____ Telephone: _____

How information about you will be used - we need the information on this form to determine if you are entitled to a Council Tax or Scottish Water (water and waste water) discount and to process your application. The Local Government Finance Act 1992 is the legal basis for the Council processing your personal information. The information may be shared within the local authority, with other local authorities and Audit Scotland to detect and prevent fraud. Any medical information that you have supplied to support this application is "special category" personal data and will only be disclosed to third parties as necessary for the operation and administration of Council Tax. For more information about how we process information, how long we retain the information, or the right to complain please contact us or visit <http://www.orkney.gov.uk/Online-Services/privacy.htm>. If you are unable to access the Council's website you can request a paper copy from the Council.

Please return the completed form to the Council Tax Section, Orkney Islands Council, Council Offices, Kirkwall, Orkney, KW15 1NY. Tel: (01856) 873535 Ext 2133 (Direct Dial 01856 886322), email: revenues@orkney.gov.uk website: <http://www.orkney.gov.uk/>

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For official use only:

Ctax Ref _____ Valuation Ref _____
 Issued ____/____/____ Input by _____ Date ____/____/____ Contact Update Y / N