**COUNCIL TAX**

**APPLICATION FORM FOR REDUCTIONS FOR PEOPLE WITH DISABILITIES**

|  |  |  |
| --- | --- | --- |
| A/C Ref: |  | |
| Date: |  |

**Please read the notes on the next page before you fill in the form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **THE APPLICANT** (A person liable to pay the Council Tax) | | | | | | | | | | | | | |
|  | Name | |  | | | | | | | | | | | |
|  | Address of rated property | |  | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | |
|  | Telephone Number | |  | | | | | | | | | | | |
|  | Date moved in (If after 1/4/93) | |  | | | | | | | | | | | |
|  |  | | | | |  | | |  | |  | |  |  |
| **2.** | **THE DISABLED PERSON** | | | | |  | | |  | |  | |  |  |
|  | Name | |  | | | | | | | | | | | |
|  |  | | | | |  | | | Please tick box | | | | | |
|  | Does he/she normally live at the address shown in (1) ? | | | | | | | | Yes | | |  | No |  |
|  |  | | | |  | | | |  | | |  |  |  |
|  | What is the nature of the disability? | | |  | | | | | | | | | | |
|  | Date of disablement | | |  | | | | | | | | | | |
|  | Name of the disabled person’s doctor | | |  | | | | | | | | | | |
|  | Address | | |  | | | | | | | | | | |
|  | (The Council may contact the doctor, if | | |  | | | | | | | | | | |
|  | necessary) | | |  | | | | | | | | | | |
|  |  | | | |  | | | |  | | |  |  |  |
| **3.** | **YOUR HOME** | | | |  | | | |  | | |  |  |  |
|  | Is there a room which is required and used for meeting the | | | | | |  | |  | | |  |  |  |
|  | needs of the disabled person? | | | | | |  | | Yes | | |  | No |  |
|  |  | | | |  | | | |  | | |  |  |  |
|  | Is there a second bathroom or a second kitchen required for | | | | | |  | |  | | |  |  |  |
|  | meeting the needs of the disabled person? | | | | | |  | | Yes | | |  | No |  |
|  |  | | | |  | | | |  | | |  |  |  |
|  | Does the disabled person use a wheelchair in your home? | | | | | |  | | Yes | | |  | No |  |
|  |  | | | |  | | | |  | | |  |  |  |
| **4.** | **DECLARATION** | | | | | | | | | | | | | |
|  | The information given on this form is correct. I will inform you immediately if there is any change in the use made of my home by the disabled person, or if he/she moves out. | | | | | | | | | | | | | |
|  | Signature of applicant |  | | | | | | Date | |  | | | | |

|  |  |
| --- | --- |
| When completed, please return this form via: | |
| **Email:**  [**croyctax@croydon.gov.uk**](mailto:croyctax@croydon.gov.uk) | **Post:**  **Council Tax Section**  **Croydon Council, 5th Floor**  **Bernard Weatherill House**  **8 Mint Walk, Croydon**  **CR0 1EA** |

Data Protection Act 1998: The information on this form will be used to help the Council decide on liability for the Council Tax. The information will only be used in connection with the billing, collection and recovery of local taxes and revenues, including the calculation of any associated discounts, reliefs and benefits. The data may be disclosed to other local authorities for local taxation purposes only and to the Council’s auditors.

This authority is under a duty to protect funds it administers and to this end may use this information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

**NOTES**

**1. The Applicant**

Only a person who is liable to pay the Council Tax can apply for a reduction.

**2.** **The Disabled Person**

The disabled person may be an adult or a child and may, or may not be liable to pay the Council Tax. However, the disabled person must be living at the property for which the reduction is being sought.

**3.** **Your Home**

In order to qualify for a reduction your home must contain one or more of the following:-

(i) A room (not a bathroom, kitchen or lavatory) predominantly used by and required for meeting the needs of the disabled resident.

(ii) A second bathroom or a second kitchen required for meeting the needs of the disabled resident.

(iii) Sufficient floor space to allow the use of a wheelchair which is required to meet the needs of the disabled resident. The disabled resident must need to use the wheelchair in the home.

**4. The Declaration**

The reduction depends on both a disabled person being resident and one of the facilities listed in section 3 above being available. You should inform the Council Tax Section immediately if the disabled person is no longer resident or if the facilities are removed.

**5. Granting the Relief**

In order to grant the reduction the Council must be satisfied that:-

(i) There is a disabled resident who needs the facilities claimed for.

and

(ii) Those facilities are essential, or of major importance, to the well-being of the disabled resident because of the nature and extent of the disability.

It will help in the consideration of this application if you can supply a letter from the disabled person’s doctor, social worker or occupational therapist confirming that the person needs the room or extra space as stated in section 3.

If you are unable to obtain such confirmation easily, do not delay - APPLY NOW. However, the council may subsequently need to ask for evidence to support your application.