APPLICATION FOR REDUCTIONS FOR PEOPLE WITH DISABILITIES

Property Address:

Postcode:

1. Name and address of the disabled person

2. Date of birth of the disabled person

3. What is the nature of the disability?

4. Does your home have a second bathroom or kitchen which predominantly used and required for meeting the needs of the above named person?  YES/NO

If yes, please give details why it is required

5. Is there a room other than a bathroom or kitchen, which is predominantly used and required for meeting the needs of the above named person?  YES/NO

If yes, please give details of which room and why it is required

6. Do they/you need to use a wheelchair inside the home?  YES/NO

You must ask your doctor to write a note in the box below confirming that the named person needs the extra space or room. If you prefer you could ask someone else, like a social worker or occupational therapist, to give the information.

Declaration

I declare that the information I have given in this form is correct and complete and I agree to notify you immediately of any changes that might affect my council tax.

Name (Block Capitals) ...................................... Signature.......................................................... 

Date........................................
We may need to contact you about the information you have provided on this form. It would be helpful if you could provide a contact number

The information you give may be held on a computer system and kept on paper records. It will be used for the purposes of billing, collection and recovery of Council Tax and the detection and prevention of crime registered under the Data Protection Act 1998. The information given will be kept for as long as it is relevant and may also be used for any other purpose registered under this Act.

The below area is to be used by your Doctor, Social Worker or Occupational Therapist

Please confirm that the above named disabled person requires the extra space or room for their well being due to the nature of their disability

Signature........................................................................Date............................................

Doctor/Social Worker/Occupational Therapist (please delete as necessary)

South Somerset District Council
Council Tax Guidance Notes
Reductions for Disabilities Scheme

Your Home
Your home must have at least one of the following facilities:

- an additional bathroom or kitchen which is used and required for meeting the needs of the person with the disability.
- a room other than a bathroom, kitchen or toilet which is predominantly used and required for meeting the needs of the person with the disability.
- extra space within the dwelling to allow for the use of a wheelchair.

Your home must be the disabled person's main residence.

The disabled person
The disabled person must be substantially and permanently disabled. He/she can be of any age and does not have to be the person liable to pay the council tax.

Assessment
In order that the Council may assess your eligibility under the scheme it may be necessary for a visiting officer to view your home to ensure that it meets with the above criteria. Should this be necessary you will be contacted so an appointment can be made.
Your bill
If the Council agrees that you qualify for a reduction under this scheme your bill will be reduced by one valuation band. For example, if your property is in a band ‘C’ your property will be reduced to that of a property in band ‘B’.

Appeal
If the Council decides that you are not eligible for a reduction under this scheme and you disagree with this finding you will be able to appeal to a valuation tribunal. The Revenues and Benefits Unit will be able to give you further details regarding an appeal. You should continue to pay your original bill whilst an appeal is outstanding.

If you require any further help or details please contact the Revenues team on (01935) 462462 or email revenues@southsomerset.gov.uk