



Disabled band reduction application

Please fill in this form to **apply for a disabled band reduction** and send it to:

Local Taxation Service
PO Box 303
Witney
OX28 1WP

Date:

Council tax bill number:



If your property is the sole or main residence of someone who is disabled you may be entitled to a reduction to your Council Tax. If you are entitled your band will be reduced to the one below that set by the Valuation Office Agency. This means that if your property is in Band D you will be charged Council Tax at the Band C charge. From 1 April 2000 a reduction will also apply to Band A properties, reducing the charge by 1/6.

To qualify you must satisfy the council on the following points.

- 1) You are the person liable to pay Council Tax on the property and it is your sole or main residence
- 2) The property is also the sole or main residence of someone who is substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise).
- 3) The property has either:
 - (a) a room which is predominantly used to meet the needs of the disabled person (not a kitchen, lavatory or bathroom) – this may be a room used for therapy.
 - (b) an additional bathroom or kitchen which are used to meet the needs of the disabled person
 - (c) enough floor space to allow for the use of a wheelchair inside the home and the disabled person uses a wheelchair in the home

How do I apply

Once we receive your application one of my inspectors will contact you to arrange visit to your home prior to any award being given.

| | |
|--|--|
| Details of applicant | |
| Full name | |
| Address and postcode | |
| Contact telephone number | |
| Email address | |
| Details of disabled person | |
| Name of disabled person | |
| Date disability arose | |
| Nature of disability | |
| Please indicate below which facilities are provided to meet the needs of the disabled person | |
| A room <input type="checkbox"/> | An additional bathroom <input type="checkbox"/> |
| An additional kitchen <input type="checkbox"/> | Space for the use of a wheelchair <input type="checkbox"/> |

Declaration

I declare that the information I have provided is correct to the best of my knowledge. I will let the Council know if there is any change to my circumstances that may affect my Council Tax.

Your signature..... Date.....

| | | | | | | |
|------------------------|-------------------|-----------------------------------|-----|---|---|-----|
| For office use only | Date visited..... | Facilities provided | K | B | R | Wch |
| Comments..... | | Reduction to be awarded? | Y/N | | | |
| | | Effective Date of Reduction?..... | | | | |
| | | Date..... | | | | |
| Officer signature..... | | | | | | |