

Council Tax - Application for Disabled Band Relief

How to return this form

You will need to print this form to complete it. Please then either scan it and email it back to revenues@middevon.gov.uk or post it to Mid Devon District Council, Phoenix House, Phoenix Lane, Tiverton. EX16 6PP

You wish to apply for a reduction in the Council Tax band of the above property, because a disabled person lives at that address.

The application you are about to complete is to reduce your Council Tax banding by one Band, i.e. if you are currently in a Band D and your application is successful the banding will be reduced to a C. This will be reviewed periodically and will be cancelled if circumstances change or the disabled occupier no longer lives at the property. Once your application has been received we will arrange for our Property Inspector to visit to assess your property for the reduction.

Disabled Relief is a reduction of your Council Tax liability, which can be awarded where we are satisfied that:

- A room which is not a bathroom, kitchen or lavatory, which is used predominantly by the disabled resident and is required for meeting their needs (the room may be used for providing therapy or otherwise); or
- An additional bathroom or kitchen (i.e. one which is not the only bathroom or kitchen within the dwelling) which is required for meeting the needs of the disabled resident; or
- Sufficient floor space to permit the use of, and use is made of, a wheelchair indoors, which is required for meeting the needs of the disabled resident.

If possible a note from a qualified professional such as an occupational therapist or social worker should be provided with the application. This should help confirm a disability and indicate whether the additional space or room is essential to the wellbeing of the disabled person.

Council Tax Payer Details

Name	
Property address	
Postcode	
Phone number	
Mobile number	
Email address	

Correspondence address (if different)	
Correspondence Postcode	

Council Tax Account Number	
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Disabled Person Details

Name of disabled person	
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Age if under 18	
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Please indicate which facilities are in the property to meet the needs of the disabled person by circling the relevant answers.

A) A room other than a bedroom, kitchen or lavatory used mainly by the disabled person.	No	Yes
B) A second bathroom or kitchen required for meeting the needs of the disabled person.	No	Yes
C) Extra space inside the property to allow for wheelchair circulation.	No	Yes

What is the nature of the disability? (please continue overleaf in necessary):

Date relief should apply from	
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Name of doctor	
Address of doctor	
Postcode of doctor	

Any other information (please continue overleaf in necessary):

This form does not require a signature. By completing and submitting it you are agreeing to the following declaration.

I declare that the information provided is true and accurate to the best of my knowledge and authorise the Council to make any enquiries necessary to verify it. I understand that I am obliged to inform the Council of any change in circumstances.