



High Peak Borough Council

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Council Tax Team

We're here to help

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Application for Disabled Discount

Council Tax (reductions for disabilities) Regulations 1992

FOR OFFICE USE ONLY

Please read the notes on the other side, before completing this form.

Please complete this form in **BLOCK** capitals

REFERENCE:

BAND:

COUNCIL TAX PERIOD

A. Applicant:

(Only people who are liable to pay the Council Tax can apply)

Address:

Daytime Phone Number:

B. Name of person with a disability:

C. Date from when you wish to claim this discount:

D. Grounds for Application (please see overleaf)

Is there: -

1. A room which is **mainly** used by, and required for, the needs of the person with a disability?
(If **YES**, complete section **E.1**, overleaf) Yes/No

2. A **second** bathroom or kitchen required for the needs of the person with a disability?
(Alterations to the only bathroom or kitchen do not qualify)
(If **YES**, complete section **E.2**, overleaf) Yes/No

3. A wheelchair used indoors by the person with a disability?
(Outdoor use only does not qualify) Yes/No

DECLARATION

The information given on this form is correct. I will let you know straight away if I think I no longer qualify for this reduction.

SIGNED:

DATE:

Application for Disabled Discount

NOTES

1. The disabled discount means that your bill is reduced by one band. A Band A property will be reduced by 1/9th of the Band D charge.
2. In assessing this application, we will need to know:-
 - a) That there is a person with a disability who needs either space for a wheelchair inside the home, or a specially adapted room, and
 - b) That this space or room is essential or of major importance to the wellbeing of the person with a disability, because of the nature and extent of their disability.
3. It will help with this application if the applicant can supply a note from the doctor or other qualified professional, such as an occupational therapist or social worker, confirming that the person with a disability needs the extra space or room, If you cannot obtain this easily, you can apply without it, but we may need to ask for it later.
4. We may need to visit your home before we can award disabled discount.

SECTION E

1. Please supply details of the room in question.

Examples include: a) Storage of dialysis equipment.

b) A bedroom on the ground floor in a property with 2 or more storeys

2. Please state if this is a bathroom or kitchen and how it has been adapted for the person with a disability.

DATA PROTECTION ACT 1998

The information you have given on this form will be held on a computer system registered under the Data Protection Act. We must protect public funds and so may use the information you provide to prevent and detect fraud. We may also share the information with other sections that provide Council services.